



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH**

2014017112  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Leura Lee SIMONS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 15, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not father, give street and number) <b>944 Dean Dr</b>		3d. If Hosp. or Inst. indicate DOA (Operator, Rpt. Inpatient) (Specify) <b>Home</b>	
DECEDENT	4. RACE (Specify) <b>White</b>		5. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>50</b>	
	6. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		7b. UNDER 1 YEAR? MO: DAYS <b>0</b>		7c. UNDER 1 DAY? HOURS: MINS <b>0</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETE LIST OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>September 16, 1964</b>		9. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. BURVING SPOUSE (if wife, give maiden name) <b>Herbert SIMONS</b>		13. SOCIAL SECURITY NUMBER <b>5103</b>	
PARENTS	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		15. Ever in US Armed Forces? <b>No</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	16a. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William DEMING</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Patricia SUERMANN</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Herbert SIMONS</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>944 Dean Dr, Gardnerville, Nevada 89460</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home 1330 Highway 385 N Gardnerville NV 89410</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>TIMOTHY HILLBRICK DO</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>October 21, 2014</b>			
	21c. HOUR OF DEATH <b>11:52</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. LICENSE NUMBER <b>962</b>	
REGISTRAR	22a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		22b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 22, 2014</b>		22c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
	23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		24. AUTOPSY (Specify Yes or No) <b>NO</b>			
CAUSE OF DEATH	PART I		25. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	(a) <b>Metastatic Carcinoma</b>		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
25a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY		
25d. INJURY AT WORK (Specify Yes or No)		25e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		25f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

VRB-Rev-20120628

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**CERTIFIED COPY OF VITAL RECORDS**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **10/22/2014**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

