


I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

Dated this 6 day of May, 2020.

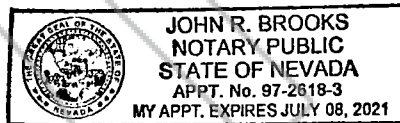


MARY C. BARRY

On May 6th, 2020, personally appeared before me, a notary public, MARY C. BARRY, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.



NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4132267

CERTIFICATE OF DEATH

2020004261
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dorothy B CROSBY		2. DATE OF DEATH (Mo/Day/Year) March 01, 2020		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) 2118 Idaho Street		3e If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 96		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) October 12, 1923		9a. STATE OF BIRTH (If not US/CA, name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 9547		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Principle Clerk		14b KIND OF BUSINESS OR INDUSTRY State of Nevada	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 2118 Idaho Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Percy BARNUN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha ANDREWS		
18a. INFORMANT - NAME (Type or Print) Mary BARRY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2913 Alpine Creek Road Reno, Nevada 89519			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SUSAN O'LEARY MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) March 03, 2020		21c. HOUR OF DEATH 09:12		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Susan O'Leary MD 1470 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER 12741	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 03, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Heart Failure Preserved EF					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Native Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Pulmonary Fibrosis					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Etiology Unknown					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

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CERTIFIED COPY OF VITAL RECORDS

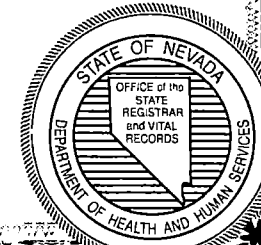
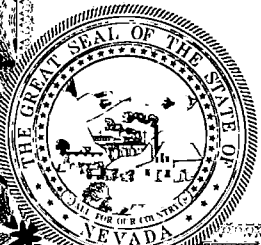
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 3/4/2020

Janey Shydel

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE