

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

001413

20030002127

TYPE PRINT IN PERMANENT INK
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DEATH RECORDED IN COUNTY CLERK'S OFFICE
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LOCAL FILE NUMBER 001413		STATE FILE NUMBER 20030002127	
DECEASED—NAME First Middle Last 1. Betty UNDERWOOD		DATE OF DEATH (Month, Day, Year) 2. February 11, 2003	COUNTY OF DEATH 3a. Clark
CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Progressive Hospital	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient 5 SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. Black	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 83	UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. February 22, 1919
STATE OF BIRTH (If not U.S.A., name country) 9a. Arkansas	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed SURVIVING SPOUSE (If wife, give maiden name) 12.
SOCIAL SECURITY NUMBER 13. 346-18-6899	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Retired Textile Worker 749	KIND OF BUSINESS OR INDUSTRY 14b. Textile 142	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Clark	CITY, TOWN, OR LOCATION 15c. Las Vegas	STREET AND NUMBER 15d. Chateau St. Jean Dr 9473 INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. John Piques		MOTHER—MAIDEN NAME First Middle Last 17. Georgia Wesson	
INFORMANT—NAME (Type or Print) 18a. Albertine Avant		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 9473 Chateau St. Jean Dr. Las Vegas, Nevada 89123	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal/ Burial	CEMETERY OR CREMATORY—NAME 19b. Lincoln Cemetery	LOCATION City or Town State 19c. Carson California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Daniel A Mead	FUNERAL DIRECTOR LICENSE NUMBER 20b. 405	NAME AND ADDRESS OF FACILITY 20c. 22 DAVIS PARADISE VALLEY FUNERAL HOME 6200 S. Eastern Ave. Las Vegas, Nevada 89119	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Daniel A Mead</i> DATE SIGNED (Mo., Day, Yr.) <i>2/13/03</i> 21b. 2/13/03 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT	
21c. 2045		22c.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Craig Jorgenson, MD, 200 E. Horizon Dr., Henderson, Nevada		LICENSE NUMBER 23b. 9529	
REGISTRAR 24a. (Signature) <i>Kathie Lamb</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. FEB 18 2003	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) <i>Dementia</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death : months Interval between onset and death : Interval between onset and death :	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes <i>no</i>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 231378

257619

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:

FEB 13 2009

Rd White
STATE REGISTRAR

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

PBNC0 (Rev.) 11/06

