

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

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

81-005079

LOCAL FILE NUMBER

DECLASED—NAME First Middle Last
1 Dorothy G. HOLT DATE OF DEATH (Month, Day, Year) November 7, 1981 COUNTY OF DEATH Lincoln

CITY, TOWN, OR LOCATION OF DEATH Caliente HOSPITAL OR OTHER INSTITUTION—Name (If not in urban, give street and number) 421 McArthur Circle 2 245-0003 3 7

RACE—(e.g. White, Black, American Indian, etc.) (Specify) White ETHNIC 99 AGE—Last Birthday (Years) 51 UNCLE 1 YEAR MALE 30 UNCLE 1 DAY HOURS 30 MINUTE 00 DATE OF BIRTH (Mo., Day, Yr.) July 12, 1930 SEX Female

STATE OF BIRTH (If not U.S.A., name country) Utah CITIZEN OF WHAT COUNTRY U.S.A. MARRIED NEVER MARRIED Married SURVIVING SPOUSE (If wife, give maiden name) Wesley A. Holt WAS EXERCISED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No

SOCIAL SECURITY NUMBER [REDACTED] USUAL OCCUPATION (Give kind of work done during most of working life. Even if Retired) Owner/Operator 14a Department Store 14b 245-E

RESIDENCE—STATE Nevada COUNTY Lincoln CITY, TOWN, OR LOCATION Caliente 14c 421 McArthur Circle 14d 245-E 15a Yes 15b Yes

FATHER—NAME First Middle Last James H. Gottfredson 16 MOTHER—MAIDEN NAME First Middle Last Orena Law

INFORMANT—NAME (Type or Print) Wesley A. Holt - Husband 17 Orena Law MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 421 McArthur Circle, Caliente, Nevada 89008

BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial 18a CEMETERY OR CREMATORY—NAME Conoway Memorial Park 18b LOCATION Caliente, Nevada 18c

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Joseph D. Wilkin 19a NAME AND ADDRESS OF FACILITY Lincoln County Mortuary, P.O. Box 236, Caliente, NV 89008 19b

20a 90 20b Lincoln County Mortuary, P.O. Box 236, Caliente, NV 89008

21a To the best of my knowledge, when occurred at the time and place and during causes (Name) Joseph D. Wilkin 21b 11/10/81 21c 7:00 P.M. 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) 11/10/81 22b 7:00 P.M. 22c PHROGNOSIS DEAD (Mo., Day, Yr.) 22d PHROGNOSIS EXITS (hours) 22e ON 22f AT

23 Joseph D. Wilkin, MD, Box 472, Panaca, Nevada 89042

REGISTRAR Uwade Baron, Deputy 24a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 10, 1981 24b

25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
PART (a) Cardio pulmonary Arrest. Interval between onset and death 4 minutes.
DUE TO, OR AS A CONSEQUENCE OF:
PART (b) Metastatic Breast Cancer to Brain. Interval between onset and death Years
DUE TO, OR AS A CONSEQUENCE OF:
PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)

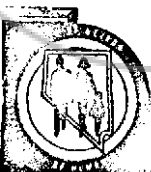
26 No 27 No

28a ACC. SOURCE, HOW, UNDET. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED
28b 28c M 28d
28e INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: DEC 1 1981

John H. Carr, M.D. No. 27522
John H. Carr, M.D.
STATE REGISTRAR



069462

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