

Lincoln County

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
3 4 0 3 CERTIFICATE OF DEATH 6

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED - NAME 1 First Middle Last Fred KNOBEL		DATE OF DEATH (Month, Day, Year) 2 2 December 7, 1993	COUNTY OF DEATH 3a Clark
CITY, TOWN, OR LOCATION OF DEATH 3b Henderson		HOSPITAL OR OTHER INSTITUTION - Name (if not enter, give street and number) 3c St. Rose Dominican Hospital	Place of death (Specify) 3e Inpatient
RACE - (e.g., White, Black, American Indian, etc.) (Specify) 5 White		Was Decedent of Hispanic Origin? Specify (Yes or No) (Yes) (No) (If Yes, specify Mexican, Cuban, Puerto Rican, etc.) 6	SEX 4 Male
STATE OF BIRTH (If not U.S.A., name country) 8a New York		CITY OF BIRTH (Specify) 8b U.S.A.	DATE OF BIRTH (Mo., Day, Yr.) 8 October 21, 1931
SOCIAL SECURITY NUMBER 9a		Decedent's Education Specify (highest grade completed) 10 15	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married
RESIDENCE - STATE 15a Nevada		CITY, TOWN, OR LOCATION 15c Henderson	STREET AND NUMBER 15d 1224 San Gabriel Avenue
FATHER - NAME 16 First Middle Last Fritz Knobel		MOTHER - MAIDEN NAME 17 First Middle Last Irene Feldheim	
INFORMANT - NAME (Type or Print) 18a Toni Knobel - Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 1224 San Gabriel Ave Henderson Nevada 89015	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Removal		CEMETERY OR CREMATORY - NAME 19b Veyo Cemetery	
FURNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20a <i>[Signature]</i>		FURNERAL DIRECTOR LICENSE NUMBER 20b 14	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d		NAME AND ADDRESS OF FACILITY 20c Palm Mortuary 800 So. Boulder Hwy., Henderson, NV	
21a I, the undersigned, being duly sworn, depose and say that the date and place and cause of death of the decedent are as stated in this certificate. (Signature and Title) 21b <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21c 10 Dec 93		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) 22b <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22c 3:15 P.M.	
23a John Pinto, M.D., 2225 East Flamingo Road Las Vegas Nevada 89119		LICENSE NUMBER 23b 5559	
REGISTRAR 24a (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24c DEC. 14 1993	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), AND (c)) PART I (a) Adult Respiratory Distress Syndrome		24c YES [] NO []	
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I		Interval between onset and death	
PART II		AUTOPSY (Specify Yes or No) 26 No	
ACC., SUICIDE, HGM, UNDET. OR PENDING INVEST (Specify) 28a		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No	
DATE OF INJURY (Mo., Day, Yr.) 28b		HOUR OF INJURY 28c	
DESCRIBE HOW INJURY OCCURRED 28d		LOCATION 28e	
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 28f		STREET OR R.F.D. No. 28g	
CITY OR TOWN 28h		STATE 28i	

No. 058718

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: DEC 15 1993

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

BOOK 120 PAGE 423

COPY

NO. **105798**
FILED AND RECORDED AT REQUEST OF
1st American Title
Aug. 26, 1996
10 MINUTES PAST 10 O'CLOCK
a M IN BOOK 120 OF OFFICIAL
RECORDS, PAGE 423 LINCOLN COUNTY
NEVADA.

YUIRKO SETZER *Frank Setzer*
COUNTY RECORDER

CLARK COUNTY, NEVADA
JOAN L. SWIFT, RECORDER
RECORDED AT REQUEST OF:

FIDELITY NATIONAL TITLE
03-22-94 08:00 PAC 3
OFFICIAL RECORDS
BOOK: 940322 INST: 00056
FEE: 9.00 RPTT: .00

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