

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

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

93.003773

ALTERED LOCAL FILE NUMBER

DECEASED—NAME 1. Edward Joseph MAEDER	DATE OF DEATH (Month, Day, Year) April 21, 1993	COUNTY OF DEATH Lincoln
CITY, TOWN, OR LOCATION OF DEATH 2b. Caliente	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2c. 270 Company Row	SEX Male
RACE—(a) White, Black, American Indian, etc. (Specify) 5. White	AGE—Last Birthday (Year) 7a. 80	DATE OF BIRTH (Mo., Day, Yr.) 3-24-1913
STATE OF BIRTH (If not U.S.A., name country) 3b. New York	CITIZEN OF WHAT COUNTRY 3c. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 11. Married
SOCIAL SECURITY NUMBER 12. [REDACTED]	USUAL OCCUPATION (Give kind of work done during most of working life. Even if Retired) 14a. Car Inspector	SURVIVING SPOUSE (If wid, give maiden name) 12. Donna Stringham
RESIDENCE—STATE 15a. Nevada	CITY, TOWN, OR LOCATION 15c. Caliente	STREET AND NUMBER 15d. 270 Company Row
FATHER—NAME (Type or Print) 16. Casper Maeder	MOTHER—MAIDEN NAME (Type or Print) 17. Caroline Kammer	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
INFORMANT—NAME (Type or Print) 18a. Donna Maeder	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 616 Caliente, Nevada 89008	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. Caliente City Cemetery	LOCATION—City or Town, State 19c. Caliente, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY Lincoln County Mortuary 20c. P.O. Box 236 Caliente, Nevada 89008
DATE SIGNED (Mo., Day, Yr.) 21b. 4-22-93	HOUR OF DEATH 21c. 0600	DATE SIGNED (Mo., Day, Yr.) 22b. [REDACTED]
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21a. Earl Furbert, M.D.	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 21d. P.O. Box 30 Caliente, Nevada 89008	PRONOUNCED DEAD (Mo., Day, Yr.) 22c. [REDACTED]
REGISTRAR 23. [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 4-23-93	DEATH DUE TO COMMUNICABLE DISEASE 24. 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) Cardiovascular arrest. (b) Metastatic prostate Cancer.	26. Interval bet. onset and death immediate.	27. Interval between onset and death 1 yr.
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	28. Interval between onset and death 1 yr.	27. Interval between onset and death 1 yr.
ACC. SUICIDE, HOLL. UNDET. DATE OF INJURY (Mo., Day, Yr.) 29a. [REDACTED]	HOUR OF INJURY 29b. [REDACTED]	DESCRIBE HOW INJURY OCCURRED 29c. [REDACTED]
INJURY AT WORK (Specify Yes or No) 29a. [REDACTED]	PLACE OF INJURY—(a) name, term, street, railway, other building, etc. (Specify) 29b. [REDACTED]	LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE 29c. [REDACTED]

Information Corrected State Affidavit #28514, June 21, 1993 No. 040680
Item # 12: Donna carpenter

STATE REGISTRAR

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

Date Issued: JUL 07 2000

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State Registrar

COPY

NO 114837

FILED AND RECORDED AT REQUEST OF

First American Title

July 14, 2000

AT 9 MINUTES PAST 12 O'CLOCK

PM IN BOOK 149 OF ORIGINAL

RECORDS PAGE 297 LINCOLN

COUNTY, NEVADA.

Leslie Boucher

COUNTY RECORDER

BY Dereen Lewis, Deputy