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WENDY RUDDER otary Public State of Nevada No. 93-3803-1 My appt. exp. June 15, 2005.

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## 004288

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

•				1		CENTIFICA	TIE OF DE	AIH			i				
		LOCAL FIL	E NUMBER								•	DT4			
TYPE OR PRINT	DECEASED-NAME First		Middle		Last		DATE OF DEATH (Month, Day,			(. Year)	SIA	COUNTY	MBER OF DEATH		
IN	1. Peter		Potor	Jame		*****		Į					I South of Desire		
ERMANENT		Y TOWN OR LOCA	TOWN OF LOCATION OF DEATH			HEWITT  INSTITUTION- Name (If not either, give si		street and number)					3n, i	Clark	
		1, 131111 011 2007			OH UTHEN IN					If Hosp, or Inst. Indicate DOA, Rm. Inpatient (Specify)			, OP/Einer. SEX		
AFBEUR	3b.	Las Ve	Las Vegas		nrise H	Hospital				38. Emergency Ro			\ Irt	4. Ma1	_
CEDENT	FIA	CE-(e.g., White, Bir Indian, etc.) (S)		Vas Decedent of H	spanic Orlgin?	Specify ∐ yes fixno i	If yes, AGE -Lasi	-T TIN	IDEB 1 VI	FAR I	UNDERTO			4. Mal	
					ıban, Puerlo Ri	can, etc.	Birthday (Y	ears) MC	os D/	YS F	IOUAS M	ins	E OF BIHIT	1 (MO., Day, Yr.)	
i	5.	White		5.			7a. 62	7b.	:	70	. :	В. [	1arch	10, 19	42
IF DEATH		ATÉ IDF BIRTH 101 U.S.A., name coi	Inley)	CITIZEN OF WE	AT COUN-	Decedent's Education	n. Specify highest	MARRIE	D, NEVER	MARRIE	D,	SURVIVING	SPOUSE (I	l wile, give malder	n neme)
OCCUPRED IN Institution	9a. New York		9b. USA		grade completed.		MARRIED, NEVER MARRIEI WIDOWED, DIVORCED (Specify) Married					- 1			
EE HANDBOOK				_									e Dougl	as	
REGARDING	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)				KIND OF BUSINESS OR INDUSTRY							
CMPLETION OF ESTORAGE	13.		***	14a. Ban		14b. Banking									
		SIDENCE-STATE	COUNT			CITY, TOWN, OR LOCATION		140.							
		SIDENOL BIATE	Nevada 15b.			15c. Alamo		STREET		T AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)		
	158	. Nevad			ո			15d. PO BOX			633	- 1			
	FA	THEFI-NAME	First	Li. ncoli		Last	MOTHER-MAIDE	- I was	Fir			<del>/</del>	15e.		
ARENTS				madic		Lust	WOTHER-MAILE	IN WARRE	Fir	st		Middle	1	Lasi	
	16.	J	Tames	Pete	er	Hewitt	17.		Ka	thlee	n	-\	1		
	INF	ORMANTNAME (	Type or Print)								ity or Town,	State, 7(p)	-+		
•	1,00	. Dona1		a									- \		
	1 100	Doralee	Hewitt	- Spouse		186. PO I	Box 633,	Alamo	), N	evada	i 8900	)1 \	\ .		
ſ	- 80	TIAL CHEMATION,	HEMOVAL, OTHER	(Specify)	CEMETERY C	REMATORY-NA	ME			LOCATIO	N	City or Fox	4D	Slate	
boartiou	19a	Crema	tion/ .		19b. Sum	rise Cremati	ion & Buris	1 Socia	otu	19c.	11	ondon		Nevada	
POSITION	FU	Person Anima	GIGHANDRE /		FUNERAL DIS	ECTOR I NAME AN	ID ADDRESS OF E	ACSTIVE	erà.	150.	- 11	enger	son,	Nevada	
		Person Arting	DV 11 110	11/1	MCENSE NUI	ECTOR NAME AN		Su	nris	e Cr	emati	on &	Burir	al Socie	ety
,	208	Carry,	Kray		605 كيمها	20c. 74	5 W.Suns	et Rd	<b>#</b> # 5	. He	nders	on. N	evada	89015	1
ſ	<u> </u>	21a. To the est	o/my knowledge, d ause(s) stated.	eath offcurred at th	e time, qale an	d place and		22a. On the	basis of a	examinatio	n and/or love	estigation in	nov pointer	death occurred	
	ΰã	QUE JE IAE C	ouse(s) stated.	DI IA	alla	es mo	à_	at the t	ime, date	and place	and due to	the cause(s	and mann	er slated.	
	<b>2</b> 5	(Signature	nyf 11tte)		<u> </u>	1	2.8	(Signature a	nd Tille)		Name of the last			1	
- 1	To be Completed by CERTIFYING PHYSICIAN	DATE SIGN	ED (Mo., Day, Yr.)	HC	OUR OF DEATH		S Office of the control of the contr	DATE SIGN	ED (Mo.,	Day, Yr.)		HOUR OF C	DEATH	- N	
		216.	. 7 7	NO 4 21	. ^	220	E Ç		State of the latest state		- 1	-	Constant of the last	76	
RTIFIER	<u> </u>	NAME OF A	AN IF OTHER THAN CERTIFIER (Type or Print)				m P				22c.				
	25	NAME OF A	ITTENDING PHYSIC	SIAN IF OTHER TE	IAN CERTIFIE	A (Type or Print)	85,	PRONOUNC	DEU DEA	D (Mo., De	ıy, Yr.) l	PRONOUN	CED DEAD	(Hour)	<b>V.</b>
	ឌ	21d.						88 L OU	No.	- N.				744	<b>N</b>
		NAME AND	AUDRESS OF CEL	TIFIER (PHYSICIA	N. ATTENDIN	G PHYSICIAN, MEDIC	CAL EXAMINER OF	22d. ON	1) (Time	or Edot 1	13	22a. AT	CENSE NU	ilines .	_3_
										or runn.j		"	CENSE NU	IMBER CO	7
`	\	23a. D1	na racei	, MD, 40	III MCL	eod, Las	Vegas, N	levada	ι		\	23	3b.	8011	
NDITIONS	145	SISTRAR	1/10	Y n	Λ _	DATE	ECEIVED BY REG	ISTRAR (Mo	Day, Yr	) DEATH	DUE TO C	OMMUNICA	BLE DISE/	ASE	
IF ANY IICH GAVE	24a	. (Signature)	Katha	· tidiall	N. O.	~	MAY (	) 7 ZU	4	24c.	YES[]				_
RISE TO MEDIATE	25.	IMMEDIATE CAUSE	(ENTER ON	LY ONE CAUSE P	ER LINE ECIP	(a), (b), AND (c),)			· /		ico 🗅	NOTO			
CAUSE TING THE		1			c 0	10). 10), 10),	<b>N</b> N		/	1		file	val belwee	n onset and dea	th .
Derlying i	PA	RT <u>(a) </u>	UNG (	PANCO	=K	0		١.	1	/	•	:			
USE LAST		DUE TO	O OR AS A CONSE	QUENCE OF:					/	-/-		• Inle	nval helwan	n poset and deal	<del></del>
		(					7%	74/		1		• .,,,,,,,,	TO DOINGE	II DIISO( MINIS (JOA)	"
		(b)							1			:			1
		DUE TO	, OR AS A CONSE	QUENCE OF:		The state of the s	1	\.	- <			• Inte	rval belwee	n onset and deal	th
	*	(a)				74	No.	76	- N						
USE OF		(c)	NIEICANT CONDIT	IONS Conditions	and the sine of	J	1 1 1 1 1 1			<u> </u>					
DEATH	PA	l silentida	O + L -	N Conditions	contributing to	death but not resulting	in the underlying ca	atise given in	Part 1.	AUTOPSY	' (Sμε Yes or	ecify WAS	CASE REP	ERRED TO	1
		CH.	KONIC -	OR MEL	10AUE	FULM	UNDARY	Dur	MH	26.	Nó	27.	Yes	1 // .	_
	AC	C., SUICIDE, HOM., PENDING INVEST,	UNDET. DATE O	F INJURY (Mo., Day	YeJ HOUR	OF INJURY DESCRIPE HIT		OW IMJURY OCCURRED			No in les Cov				
	OR (Sa	PENDING INVEST, Jecliyi L		/ /			N N			N.	3				l
			28b.		28c.		.Bd.	\		7	1				į
		URY AT WORK ecify Yes or No)	PLACE	OF INJURY—At h	ome, farm, stre	el, factory, office L	OCATION.	STREE	T OR R.F	.D. No.	ÇI	YOR TOW	/N 5	TATE	
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"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

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

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Date Is MAY 12 2004

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

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