

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 64 IMAGE 804

2145

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH

1. **Mary** **GLUCK** **December 9, 1987** 3a. **Washoe**

CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) INSIDE CITY LIMITS (Specify Yes or No) If Hosp or Inst indicate DOA, OP/Emer, Rm. Inpatient (Specify)

3b. **Sparks** 3c. **2411 Monte Verde Way** 3d. **Yes** 3e. **No**

RACE—(e.g., White, Black, American Indian, etc.) (Specify) ETHNIC AGE—Last Birthday (Years) UNDER 1 YEAR MOS : DAYS UNDER 1 DAY HOURS : MINS DATE OF BIRTH (Mo., Day, Yr.) SEX

4a. **White** 4b. **White** 5a. **60** 5b. **:** 5c. **:** 6. **Dec. 10, 1926** 7. **Female**

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

8. **California** 9. **U.S.A.** 10. **Married** 11. **Wallace Gluck** 12. **No**

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) KIND OF BUSINESS OR INDUSTRY

13. **4765** 14a. **Food Service** 14b. **Restaurant**

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)

15a. **Nevada** 15b. **Washoe** 15c. **Sparks** 15d. **2411 Monte Verde** 15e. **Yes**

FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last

16. **Harry** **Bettencourt** 17. **Grace** **Pepitone**

INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

18a. **Wallace Gluck** 18b. **2411 Monte Verde Way— Sparks, NV. 89431**

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State

19a. **Cremation** 19b. **Masonic Memorial Gardens** 19c. **Reno Nevada**

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) NAME AND ADDRESS OF FACILITY

20a. **John Sparks Memorial - 414 12th St. - Sparks, NV. 89431**

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) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

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. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

21b. **December 16, 1987** 21c. **0238** 22b. **December 9, 1987** 22c. **0238**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)

21d. **Vernon O. McCarty** 22d. **ON** 22e. **AT** 22f. **0238**

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)

23. **Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520**

REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE

24a. **Paula A. Stein** Dep. 24b. **December 17, 1987** 24c. **YES** **NO**

25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death

PART I (a) **Renal cell carcinoma with metastases to lung, liver and bone** Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death

(b) Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death

(c) Interval between onset and death

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) AUTOPSY (Specify Yes or No) WAS CASE REFERRED TO CORONER (Specify Yes or No)

PART II 26. **No** 27. **Yes**

ACC. SUICIDE, HCAI UNDET. OR PENDING INVEST (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

28a. **28b. 28c. M 28d.**

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

28e. **28f. 28g.**

Nº73133

VITAL RECORDS

186006

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

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 W. J. [Signature]
 W. J. [Signature]
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