

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

SPONSOR

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

| | | | | | |
|--|--|---|--|--|--|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | | | |
| DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | | COUNTY OF DEATH | |
| 1. Thomas Gene PERRY | | 2. January 12, 1994 | | 3a. Carson City | |
| CITY, TOWN, OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) | | If Hosp. or Inst. indicate DOA, OP/Emor. (Pm. Inpatient (Specify)) | |
| 3b. Carson City | | 3c. Carson-Tahoe Hospital | | 3a. Emergency Room | |
| RACE—(s.g., White, Black, American Indian, etc.) (Specify) | | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. | | AGE—Last Birthday (Years) | |
| 5. White | | 7a. 44 | | DATE OF BIRTH (Mo., Day, Yr.) | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | Decedent's Education. Specify highest grade completed. | |
| 8a. Nevada | | 8b. USA | | 10. 16 | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | KIND OF BUSINESS OR INDUSTRY | |
| 13. 1839 | | 14a. Utilityman | | 14b. Electric Utility | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | |
| 15a. Nevada | | 15b. Douglas | | 15c. Gardnerville | |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | | STREET AND NUMBER | |
| 16. James Perry | | 17. Mabel Sarmon | | 15d. 1387 Waterloo Ln | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | |
| 18a. Marilyn Perry | | 18b. P.O. Box 1197, Minden, Nevada 89423 | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION City or Town State | |
| 19a. Burial | | 19b. Garden Cemetery | | 19c. Gardnerville Nevada | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | FUNERAL DIRECTOR LICENSE NUMBER | | NAME AND ADDRESS OF FACILITY | |
| 20a. <i>[Signature]</i> | | 20b. 21 | | 20c. 1281 N. Roop Street, Carson City, Nevada 89706 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | 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) | | (Signature and Title) | | | |
| DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | | DATE SIGNED (Mo., Day, Yr.) | |
| 21b. | | 21c. | | 22b. 01-13-94 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | 22c. 0059 | |
| 21d. | | | | 22d. ON 1-12-94 | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) | | LICENSE NUMBER | | | |
| 23a. Dennis Green Chief Deputy Coroner, 901 E. Musser St., Carson City, Nv. | | 23b. A6 | | | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | |
| 24a. <i>[Signature]</i> | | 24b. January 14, 1994 | | 24c. 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) Atherosclerotic coronary vascular disease | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) _____ | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) _____ | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | AUTOPSY (Specify Yes or No) | |
| | | | | 26. Yes | |
| | | | | 27. Yes | |
| ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | |
| 28a. | | 28b. | | 28c. | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | DESCRIBE HOW INJURY OCCURRED | |
| 29a. | | 28f. | | 28d. | |
| | | | | LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE | |
| | | | | 28g. | |

[Signature] **SEAL** **NO 060183**

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

By:

Date issued: **JAN 14 1994**

Deputy Registrar



WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0194P64294

328247

REQUESTED BY
Marilyn Perry
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

94 JUN 24 AM 51

328247

BK 0194 PG 4295

SUZANNE BEAUDREAU
RECORDER

\$ 9.00 PAID Ka DEPUTY