

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1 DECEASED—NAME First Middle Last John David BARNARD		2 DATE OF DEATH (Month, Day, Year) May 18, 1996	
3a COUNTY OF DEATH Douglas		3b SEX Male	
3c CITY, TOWN, OR LOCATION OF DEATH Rural Douglas		3d HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3578 Haystack	
5 RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6 Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a AGE—Last Birthday (Years) 66		7b UNDER 1 YEAR MOS : DAYS	
7c UNDER 1 DAY HOURS : MINS		8 DATE OF BIRTH (Mo., Day, Yr.) October 31, 1929	
9a STATE OF BIRTH (If not U.S.A., name country) Minnesota		9b CITIZEN OF WHAT COUNTRY USA	
10 Decedent's Education—Specify highest grade completed 14		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12 SURVIVING SPOUSE (If wife, give maiden name) Jeannie Brown		13 SOCIAL SECURITY NUMBER -1536	
14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Truck Driver		14b KIND OF BUSINESS OR INDUSTRY Teamsters	
15a REGISTRAR STATE Nevada		15b COUNTY Douglas	
15c CITY, TOWN, OR LOCATION Carson City		15d STREET AND NUMBER 3578 Haystack	
15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER—NAME First Middle Last John D. Barnard	
17 MOTHER—MAIDEN NAME First Middle Last Dorothy T. Ziebarth		18a INFORMANT—NAME (Type or Print) Jeanie Barnard - Wife	
18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3578 Haystack Drive, Carson City, Nevada 89705		19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b CEMETERY OR CREMATORY—NAME FitzHenry's Funeral Home		19c LOCATION—City or Town State Carson City, Nevada	
20a FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b FUNERAL DIRECTOR LICENSE NUMBER 36	
20c NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, Nevada 89701		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) <i>[Signature]</i>	
21b DATE SIGNED (Mo., Day, Yr.) 5/21/96		21c HOUR OF DEATH 0135	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. S. Hall, 781 Mill Street, Reno, Nevada 89502		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) <i>[Signature]</i>	
22b DATE SIGNED (Mo., Day, Yr.)		22c HOUR OF DEATH	
22d PRONOUNCED DEAD (Mo., Day, Yr.)		22e PRONOUNCED DEAD (Hour)	
22f ON		22g AT	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. S. Hall, 781 Mill Street, Reno, Nevada 89502		23b LICENSE NUMBER 3689	
24a REGISTRAR (Signature) <i>[Signature]</i>		24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 5-21-96	
24c DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) non small cell lung cancer	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death ~1 year	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a	
28b DATE OF INJURY (Mo., Day, Yr.)		28c HOUR OF INJURY M	
28d DESCRIBE HOW INJURY OCCURRED		28e INJURY AT WORK (Specify Yes or No)	
28f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g LOCATION—STREET OR R.F.D. No., CITY OR TOWN, STATE	

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

Issued **MAY 21 1996**

[Signature]
Deputy Registrar

No. 096899

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COPY

REQUESTED BY
JENNIE BARNARD
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 OCT -3 A9:05

397838
BK 1096PG0285

LINDA SLATER
RECORDER
\$9.00 PAID [Signature] DEPUTY