

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 89 IMAGE 799

LOCAL FILE NUMBER

132

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HUSBAND REGARDING COMPLETION OF CERTIFICATE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME George Henry ZIMMERMAN			2. DATE OF DEATH (Month, Day, Year) January 17, 1997		3a. COUNTY OF DEATH Washoe
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		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) 65		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) July 24, 1931		9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY USA	
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Patricia Lees	
13. SOCIAL SECURITY NUMBER 9590		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Correctional Officer		14b. KIND OF BUSINESS OR INDUSTRY Nevada State Prison	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1420 Job's Peak		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last William Richard Zimmerman	
17. MOTHER—MAIDEN NAME First Middle Last Margaret Temple		18a. INFORMANT—NAME (Type or Print) Patricia Zimmerman - Wife		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 2132, Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		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 be completed by CERTIFYING PHYSICIAN 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> DATE SIGNED (Mo., Day, Yr.) <i>[Date]</i>		21b. HOUR OF DEATH 0200		22a. To be completed by Coroner's Office 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> DATE SIGNED (Mo., Day, Yr.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Darrell D. Handke, M. D., 236 West 6th Street, Reno, NV. 89503		23b. LICENSE NUMBER 3985		24a. REGISTRAR (Signature) <i>[Signature]</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 21, 1997		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) CARDIAC FAILURE DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: HOURS		(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. COPD, ASPIRATION PNEUMONIA, CVA		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. STREET OR R.F.D. No. CITY OR TOWN STATE	



STATE REGISTRAR

No. 109113

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

Deputy Registrar: *[Signature]*

Date: JAN 29 1997

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
Patricia Zimmerman
IN OFFICIAL RECORDS OF
DOUGLAS CO.: NEVADA

'97 FEB -4 P1:25

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BK0297PG0323

LINDA SLATER
RECORDER

\$8.00 PAID DEPUTY