



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

### Reno, Nevada

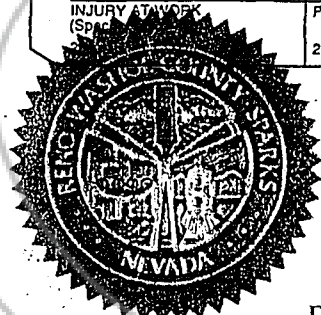
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ROLL 87 IMAGE 873

LOCAL FILE NUMBER 1169

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME 1. <b>Homer David SURRITTE</b>		DATE OF DEATH (Month, Day, Year) 2. <b>May 27, 1996</b>		COUNTY OF DEATH 3a. <b>Washoe</b>
	CITY, TOWN, OR LOCATION OF DEATH 3b. <b>Reno</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Washoe Medical Center</b>		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3e. <b>Inpatient</b>
DECEDENT	RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. <b>White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. <b>81</b>	UNDER 1 YEAR MOS : DAYS 7b. :
	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>Missouri</b>		CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	Decedent's Education. Specify highest grade completed 10. <b>8</b>	UNDER 1 DAY HOURS : MINS 7c. :
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. <b>7060</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Truck Driver</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	
	RESIDENCE—STATE 15a. <b>Nevada</b>		COUNTY 15b. <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c. <b>Gardnerville</b>	STREET AND NUMBER 15d. <b>621 Kathy Court</b>
PARENTS	FATHER—NAME 16. <b>William Surritte</b>		MOTHER—MAIDEN NAME 17. <b>Stella Callahan</b>		
	INFORMANT—NAME (Type or Print) 18a. <b>Barbara Surritte</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>621 Kathy Court Gardnerville, Nevada 89410</b>		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>		CEMETERY OR CREMATORY—NAME 19b. <b>FitzHenry's Crematory</b>		LOCATION City or Town State 19c. <b>Carson City Nevada</b>
	FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>707</b>	NAME AND ADDRESS OF FACILITY 20c. <b>Reno Memorial 253 E. Arroyo Reno, Nevada 89502</b>	
CERTIFIER	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>		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.) 21b.		HOUR OF DEATH 21c.		DATE SIGNED (Mo., Day, Yr.) 22b. <b>June 6, 1996</b>
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		NEVADA		HOUR OF DEATH 22c. <b>2223</b>
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520</b>		23b. <b>WCC S. 35</b>		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. <b>ON May 27, 1996</b>
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>June 6, 1996</b>		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
CAUSE OF DEATH	PART I (a) <b>Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
	(b) <b>Craniocerebral injuries</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
	(c) <b>Fall from height</b> 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.		AUTOPSY (Specify Yes or No) 26. <b>Yes</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. <b>Accident</b>	DATE OF INJURY (Mo., Day, Yr.) 28b. <b>May 23, 1996</b>	HOUR OF INJURY 28c. <b>1430 M</b>	DESCRIBE HOW INJURY OCCURRED 28d. <b>Fall from height</b>		
INJURY AT WORK (Specify) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. <b>Home</b>	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. <b>621 Kathy Court, Gardnerville, Nevada</b>			



STATE REGISTRAR

No. 096032

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

Deputy Registrar *[Signature]* 0415484 Date: JUN 12 1996

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**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'97 JUN 19 P12:55

0415484

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LINDA SLATER  
RECORDER  
\$9<sup>50</sup> PAID *K2* DEPUTY