



# 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

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

|   |  |  |  |   |  |                               |  |
|---|--|--|--|---|--|-------------------------------|--|
| LOCAL FILE NUMBER   |  | DECEASED—NAME  |  | DATE OF DEATH (Month, Day, Year)                                  |  | STATE FILE NUMBER             |  |
| 1. A.K.A. <b>William Martin ZISSA Billy M. ZISSA</b>                      |  | 2. August 14, 1997   |  | 3a. Carson City   |  | 3b. Carson City               |  |
| 3b. Carson City   |  | 3c. Carson-Tahoe Hospital  |  | If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) |  | 4. Male                       |  |
| 5. 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. 64  |  | 8. October 30, 1932           |  |
| 9a. Texas   |  | 9b. U.S.A.   |  | 10. 9   |  | 11. Married                   |  |
| 13. 6474  |  | 14a. Mill Worker   |  | 14b. Lumber   |  | 12. Jennie McCoard            |  |
| 15a. Nevada   |  | 15b. Douglas   |  | 15c. Wellington   |  | 15d. 3936 Granite Way         |  |
| 15e. Yes  |  | 16. August   |  | 17. Zissa   |  | 17. Janie Sramek              |  |
| 18a. Jennie Zissa (wife)  |  | 18b. 3936 Granite Way, Wellington, Nevada 89444  |  | 19a. Cremation  |  | 19b. FitzHenry's Crematory    |  |
| 20a. <i>Will Zissa</i>  |  | 20b. 126   |  | 20c. Home, 1555 Hwy 395, Minden, Nevada 89423                     |  | 19c. Carson City, Nevada      |  |
| 21a. <i>John P. Kelly, MD</i>   |  | 21b. 8/18/97   |  | 21c. 0050   |  | 22a. <i>John P. Kelly, MD</i> |  |
| 21d. <i>John P. Kelly, MD</i>   |  | 22b. <i>August 18, 1997</i>  |  | 22c. <i>0050</i>  |  | 22d. ON                       |  |
| 23a. John P. Kelly, MD., 550 W. Washington St., Carson City, Nevada       |  | 23b. 6376  |  | 24a. <i>John P. Kelly, MD</i>                                     |  | 24b. August 18, 1997          |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) |  | 26. No   |  | 27. Yes   |  | 28. No                        |  |
| PART I (a) <i>Chronic obstructive pulmonary disease</i>                   |  | PART II (a) <i>Chronic obstructive pulmonary disease</i>   |  | 28b. <i>August 18, 1997</i>                                       |  | 28c. <i>0050</i>              |  |
| 28d. <i>Chronic obstructive pulmonary disease</i>                         |  | 28e. <i>August 18, 1997</i>  |  | 28f. <i>0050</i>  |  | 28g. <i>August 18, 1997</i>   |  |

STATE REGISTRAR

No. 117911



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

Date Issued: AUG 18 1997

*Sylvia*

State Registrar  
0430791

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REQUESTED BY  
Jennie Zissa  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 JAN 20 P1:32

LINDA SLATER  
RECORDER

\$ 9<sup>00</sup> PAID JL DEPUTY

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