



# 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	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME—First Middle Last 1. <b>Malcolm Albert GRANT</b>			DATE OF DEATH (Month, Day, Year) 2. <b>July 11, 1995</b>		
<b>DECEDENT</b>	CITY, TOWN, OR LOCATION OF DEATH 3b. <b>Gardnerville</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>865 Rojo Way</b>		If Hosp. or Inst. Indicate DOA, OPI/Emer. Firm, Inpatient (Specify) 3e.	
	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>75</b>	
	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>California</b>		CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>		DATE OF BIRTH (Mo., Day, Yr.) 8. <b>May 8, 1920</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. <b>5601</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Owner/Operator</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>Restaurant Industry</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>865 Rojo Way</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>			
<b>PARENTS</b>	FATHER—NAME—First Middle Last 16. <b>Edmund Grant</b>			MOTHER—MAIDEN NAME—First Middle Last 17. <b>Abigail Albert</b>		
	INFORMANT—NAME (Type or Print) 18a. <b>Lorraine Grant</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>865 Rojo Way, Gardnerville, Nevada 89410</b>		
<b>DISPOSITION</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Eastside Memorial Park</b>		LOCATION—City or Town State 19c. <b>Minden, Nevada</b>	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <i>[Number]</i>		NAME AND ADDRESS OF FACILITY 20c. <b>Walton's Chapel of the Valley, 1281 N. Roop St., Carson City, Nevada 89706</b>	
<b>CERTIFIER</b>	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>William O'Shaughnessy M.D.</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. <b>7-12-95</b>		HOUR OF DEATH 21c. <b>1650</b>		DATE SIGNED (Mo., Day, Yr.) 22b.	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>William D. O'Shaughnessy, M. D., 911 Mountain St., C. C., Nev.</b>			LICENSE NUMBER 23b. <b>2838</b>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>Wesley Kochona Bonaf</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>July 12, 1995</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).)					
	PART I (a) <b>Cancer of prostate and bladder</b> DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death ..... <b>years</b>			
PART II (b) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death .....				
PART II (c) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death .....				
<b>CAUSE OF DEATH</b>	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>No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>
	ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. <b>M</b>	
	INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	

No. 78021

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

By: *[Signature]*  
Deputy Registrar

Date Issued: **JUL 12 1995**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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**STEWART TITLE of DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

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LINDA SLATER  
RECORDER  
\$ 9.00 PAID KS DEPUTY