

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT

BLACERVILLE, CALIFORNIA

STATE OF CALIFORNIA
IDENTIFICATION OF DEATH 3 1998 09 000049
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 1/1998)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) DONALD		2. MIDDLE EUGENE		3. LAST (FAMILY) SHANNON	
4. DATE OF BIRTH M/M/DD/C/YY 10/05/1932		5. AGE YRS. 65		6. SEX M	
7. DATE OF DEATH M/M/DD/C/YY 01/20/1998		8. HOUR 2045			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 9712		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 14			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Lake Tahoe Horizon Resort	
17. OCCUPATION Games Dealer		18. KIND OF BUSINESS Casino Gaming		19. YEARS IN OCCUPATION 32	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 243 McFall Way					
21. CITY Zephyr Cove		22. COUNTY DOUGLAS		23. ZIP CODE 89449	
24. YRS IN COUNTY 26		25. STATE OR FOREIGN COUNTRY Nevada			
26. NAME, RELATIONSHIP Alberta L. Shannon - Wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. Box 3111, Stateline, NV 89449		
28. NAME OF SURVIVING SPOUSE—FIRST Alberta		29. MIDDLE Lee		30. LAST (MAIDEN NAME) Zander	
31. NAME OF FATHER—FIRST Cecil		32. MIDDLE -		33. LAST Shannon	
34. BIRTH STATE CA		35. NAME OF MOTHER—FIRST Gladys		36. MIDDLE Roberta	
37. LAST (MAIDEN) Lovejoy		38. BIRTH STATE CA			
39. DATE M/M/DD/C/YY 01/27/1998					
40. PLACE OF FINAL DISPOSITION Eastside Memorial Park, Minden, NV					
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EXAMINER <i>Michael McFarlane</i>		43. LICENSE NO. 6907	
44. NAME OF FUNERAL DIRECTOR McFarlane Mortuary		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogin</i>	
47. DATE M/M/DD/C/YY 01/23/1998					
101. PLACE OF DEATH Barton Memorial Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY El Dorado		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 4th and South Ave.		106. CITY So. Lake Tahoe	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH Immed.		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) CARDIORESPIRATORY ARREST		DUE TO (B) CHRONIC OBSTRUCTIVE LUNG DISEASE		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C) TOBACCO ABUSE		DUE TO (D)		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 ESOPHAGEAL CANCER					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. ESOPHAGECTOMY 01/14/1998					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/C/YY 01/04/1996		115. SIGNATURE AND TITLE OF CERTIFIER <i>Bruce C. Daugherty, MD</i>		116. LICENSE NO. C40455	
117. DATE M/M/DD/C/YY 01/19/1998		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Bruce Daugherty, MD, P.O. Box 7529, So. Lake Tahoe, CA 96158			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/YY	
122. HOUR		123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR					
A		B		C	
D		E		F	
G		H		FAX AUTH. # 7881	
CENSUS TRACT					

SEAL

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED **01/28/1998**

0452709

Stephen G. Drogin
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Health Officer.

DKT 098 PG 5651

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

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

'98 OCT 27 P3:24

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BK1098PG5652

LINDA SLATER
RECORDER
\$ 9.00 PAID *AS* DEPUTY