

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 70 IMAGE 489

LOCAL FILE NUMBER

592

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH			
	1. Roy L. WILLEY			2. March 18, 1990		3a. Washoe			
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Inpatient (Specify)			
	3b. Reno			3c. V.A. Medical Center		3e. Inpatient			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)		
	5. White		6. <input checked="" type="checkbox"/>		7a. 68		January 7, 1922		
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
	9a. Iowa		9b. U.S.A.		10. 12		11. Married		
DISPOSITION	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
	13. ██████████ 9720			14a. Film Inspector		14b. Electronic Manufacturing			
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		
	15a. Nevada		15b. Douglas		15c. Wellington		15d. 1490 Topaz Ranch		
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			INSIDE CITY LIMITS (Specify Yes or No)		
	16. Joseph Willey			17. Nancy Rush			15e. Yes		
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
	18a. Jean Sisco			18b. 1490 Topaz Ranch Road, Wellington, Nevada 89444					
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME			LOCATION City or Town State			
	19a. Cremation		19b. Reno Crematory			19c. Reno Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person to Whom Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY				
	20a. <i>Mark G. ...</i>		20b. 42		20c. Northern Nevada Memorial, 616 South Wells Avenue, Reno, Nevada 89502				
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				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.				
	21b. March 21, 1990				22b. <i>[Signature]</i>				
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	21c. 17:00		21d. <i>[Signature]</i>		22c. <i>[Signature]</i>		22d. ON		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER		
	23a. LINDA A. GUNSHEFSKI, M.D., 1000 Locust Street, Reno, NV 89520						23b. LL 510		
CAUSE OF DEATH	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>[Signature]</i> Dep.			24b. March 21, 1990		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)								
	PART I (a) Cardiac Arrest								
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:								
	(b) Multiple System Organ Failure								
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:								
	(c) Septicemia								
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	PART II Immunosuppression with Neutropenia					26. Yes		27. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
	25a. <i>[Signature]</i>		28b. <i>[Signature]</i>		28c. M		28d. <i>[Signature]</i>		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
	25e. <i>[Signature]</i>		28f. <i>[Signature]</i>			28g. <i>[Signature]</i>			

STATE REGISTRAR

No. 014175

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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PROXY

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, WASHOE COUNTY, NEVADA.

No. _____

MAR 2 6 1990

SEAL

REGISTERED VITAL STATISTICS

BY *Cassie Stone*

THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
 200 W. WASHINGTON STREET
 COVINGTON, NEVADA 89409

REQUESTED BY
Mrs. Robert Stycor
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA.

'99 FEB 12 A8:41

LINDA SLATER
 RECORDER
 \$ *9.00* PAID *K2* DEPUTY

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