



# 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

89 000011  
STATE FILE NUMBER

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 First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH		
1. Oliver Thomas DEVINE			2. January 4, 1989			3a. Douglas					
3b. Rural-Douglas			3c. 175 Chimney Rock Drive			3e. 7			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. AGE—Last Birthday (Years) 71			8. June 16, 1917		
9a. Nevada			9b. U.S.A.			10. 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
13. 7736			14a. Management (ret.) Oia			14b. Utility 472			12. SURVIVING SPOUSE (If wife, give maiden name) Virginia Roper		
15a. Nevada			15b. Douglas			15c. Stateline			15d. 175 Chimney Rock Drive		
15e. no			15f. no			15g. no			15h. no		
16. George P. DeVine			17. Lena Eien								
18a. Virginia L. DeVine			18b. P.O. Box 3600, Stateline, Nevada 89449								
19a. Removal/Entombment			19b. Eternal Hills Cemetery			19c. Oceanside California					
20a. Day Tah Henry			20b. #36			20c. Crematory, P.O. Box 1775, Carson City, NV 89702					
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) Randall M. Goethals M.D.			21c. 0535			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)			22c. 22c.		
21b. Jan. 5, 1989			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)			22e. AT		
23a. Randall M. Goethals, M.D., P.O. Box 7715, South Lake Tahoe, CA 95731			23b. #G29134-CA			24a. (Signature) [Signature]			24b. January 5, 1989		
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			26. no			27. yes		
PART I (a) Cardiac Arrest			PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			26. no			27. yes		
PART I (b) Valvular heart disease, Aortic Regurgitation			28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo., Day, Yr.)			28c. HOUR OF INJURY		
PART I (c) 4215			28d. DESCRIBE HOW INJURY OCCURRED			28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
			28g. LOCATION			28h. STREET OR R.F.D. No.			28i. CITY OR TOWN		
			28j. STATE								

Birth certificate #17-613

STATE REGISTRAR

No.00016856

*Yvonne Sylva*

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

Date Issued: DEC 27 1999

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

0483592  
BK 1299PG5498



REQUESTED BY  
Sarah Hancock  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

1999 DEC 30 PM 12:04

LINDA SLATER  
RECORDER

\$ 9.00 PAID BC DEPUTY

0483592

BK 1299 PG 5499