

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			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH											
DECEDENT	1. Earl Wayne NAVES			2. December 23, 2000			3a. Douglas											
	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. Rm. Inpatient (Specify)			SEX								
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Wellington			3c. 3890 Granite Way			3e. Male											
	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)			UNDER 1 YEAR MOS : DAYS			UNDER 1 DAY HOURS : MINS			DATE OF BIRTH (Mo., Day, Yr.)		
PARENTS	5. White			6. X			7a. 81			7b. :			7c. :			8. Oct. 23, 1919		
	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)			SURVIVING SPOUSE (If wife, give maiden name)					
DISPOSITION	9a. Texas			9b. U.S.A.			10. 9 years			11. Married			12. Grace Ward					
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY											
CERTIFIER	13. 3777			14a. Carpenter			14b. Construction											
	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)					
CAUSE OF DEATH	15a. Nevada			15b. Douglas			15c. Wellington			15d. 3890 Granite Way			15e. Yes					
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last														
PARENTS	16. Grover C. Nave			17. Deeljie Miller														
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)														
DISPOSITION	18a. Grace Naves			18b. 3890 Granite Way, Wellington, Nevada 89444														
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State											
CERTIFIER	19a. Cremation			19b. Walton's Sierra Crematory			19c. Carson City, Nevada											
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY											
CAUSE OF DEATH	20a. <i>[Signature]</i>			20b. 20c. 1614 No. Curry, Carson City, Nevada 89703														
	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.														
CERTIFIER	(Signature and Title)			(Signature and Title)														
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH														
CAUSE OF DEATH	21b. 12/26/00			21c. 1550														
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)											
CAUSE OF DEATH	21d.			22d. ON			22e. AT											
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER.) (Type or Print.)			LICENSE NUMBER														
CAUSE OF DEATH	23a. Dr. Evan W. Easley, M.D., 1107 Hwy. 395, Gardnerville, Nevada			23b. 7446														
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE											
CAUSE OF DEATH	24a. (Signature) <i>[Signature]</i>			24b. Dec. 28, 2000			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death														
CAUSE OF DEATH	PART I (a) Respiratory Failure			Interval between onset and death														
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death														
CAUSE OF DEATH	(b) Coronary Artery Disease			Interval between onset and death														
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death														
CAUSE OF DEATH	(c) Chronic obstructive pulmonary disease			Interval between onset and death														
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death														
CAUSE OF DEATH	PART II 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)											
	26. No			27. Yes														
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED								
	28a.			28b.			28c.			28d.								
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								
	28e.			28f.			28g.			28h.								



STATE REGISTRAR

No.159799
Gyonne 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 28 2000

0506001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK T 200PG 6379

COPY

REQUESTED BY

GRACE NAYES

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 DEC 29 PM 2:40

LINDA SLATER
RECORDER

\$ 9.00 PAID K2 DEPUTY

0506001

BK 1200P66380