

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 103 IMAGE 589
LOCAL FILE NUMBER

1203

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 ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Austin DeForest JOHNSON		2. DATE OF DEATH (Month, Day, Year) May 14, 2001		3a. COUNTY OF DEATH Washoe											
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male									
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) 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) 85		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) June 26, 1915					
9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Norma Hall							
13. SOCIAL SECURITY NUMBER 1293		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Plumber				14b. KIND OF BUSINESS OR INDUSTRY Plumbing									
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 743 Lyell Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes							
16. FATHER—NAME First Middle Last Bert Johnson				17. MOTHER—MAIDEN NAME First Middle Last Ann Tuttle											
18a. INFORMANT—NAME (Type or Print) Norma Johnson				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 743 Lyell Way Gardnerville, Nevada 89410											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sierra Crematory				19c. LOCATION City or Town State Reno Nevada									
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Tommy Benson</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Northern Nevada Memorial 616 South Wells Avenue Reno Nevada 89502											
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>Calvin van Reken</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>Calvin van Reken</i>									
21b. DATE SIGNED (Mo., Day, Yr.) 5/16/01				21c. HOUR OF DEATH 1634				22b. DATE SIGNED (Mo., Day, Yr.)				22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. ON				22e. AT					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) CALVIN VAN REKEN, 2345 E. PRATER, Sparks, NV										23b. LICENSE NUMBER 4220					
24a. REGISTRAR (Signature) <i>Larry Antunes</i> Dep.				24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 17, 2001				24c. DEATH DUE TO COMMUNICABLE DISEASE 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			
PART I (a) Respiratory Failure												: 6 months			
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death			
(b) Emphysema												: 20 years			
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death			
(c) Topacco												: 60 years			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Pneumonia, Acute Renal Failure, Lungcancer						26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No							
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		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. STREET OR R.F.D. No. CITY OR TOWN STATE		28h.							

No.173037

STATE REGISTRAR

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

Barbara Lee Hunt

Deputy Registrar:

Date:

AUG 21 2001

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

**IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA**

2001 OCT -5 PM 3: 28

LINDA SLATER
RECORDER

\$ 16.00 PAID BS DEPUTY

0524386

BK 1001 PG 1525