



# 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 102 IMAGE 857  
LOCAL FILE NUMBER

491

STATE FILE NUMBER  
COUNTY OF DEATH  
3a. Washoe

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First Middle Last <b>Richard Eugene BURNETT</b>			2. DATE OF DEATH (Month, Day, Year) <b>February 27, 2001</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>St. Mary's Regional Medical Center</b>		3e. SEX <b>Male</b>
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		8. DATE OF BIRTH (Mo., Day, Yr.) <b>Nov. 9, 1923</b>
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>16</b>
13. SOCIAL SECURITY NUMBER <b>7202</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Indian Hills</b>
		15d. STREET AND NUMBER <b>3554 Loam Ln.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

16. FATHER—NAME First Middle Last <b>Cecil Richard Burnett</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Lola Cecile Tousley</b>		
18a. INFORMANT—NAME (Type or Print) <b>Thelma I. Burnett</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3354 Loam Ln., Carson City, Nevada 89705</b>		

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City, Nevada</b>	
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CERTIFIER

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701</b>	
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>[Signature]</i> <b>John P. Kelly, M.D.</b>		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>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) <b>3/2/01</b>	
21c. HOUR OF DEATH <b>1315</b>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>John P. Kelly, M.D., 550 W. Washington, Carson City, Nevada</b>		23b. LICENSE NUMBER <b>6376</b>			

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

24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>March 2, 2001</b>		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).)					
PART I (a) <b>Subdural Hemorrhage</b>				Interval between onset and death <b>1 week</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28e. STREET OR R.F.D. No. CITY OR TOWN STATE	

CAUSE OF DEATH

No.177642

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

Deputy Registrar: *[Signature]*

0529305

Date: **MAR 7 2001**

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BK 120 | PG 1233

REQUESTED BY  
Dale Coulam Esq  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

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RECORDER

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