

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

	LOCAL FILE NUMBER		STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)
	1. Clarence Edgar CHAMBERLAIN		2. November 21, 2001
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH
	3b. Carson City		3a. Carson City
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
	3c. Carson Convalescent		3e. Inpatient
PARENTS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX
	5. White		4. Male
DISPOSITION	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)
	6.		8. June 4, 1909
CERTIFIER	STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a. Oregon		11. Widowed
CAUSE OF DEATH	SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)
	13. [REDACTED] 1222		12.
CAUSE OF DEATH	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
	14a. Truck Driver		14b. Trucking
CAUSE OF DEATH	RESIDENCE—STATE		INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15e. Yes
CAUSE OF DEATH	CITY, TOWN, OR LOCATION		STREET AND NUMBER
	15c. Minden		15d. 2636 Wade St.
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last
	16. Logan Chamberlain		17. Anna McCormick
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
	18a. David Chamberlain		18b. 2636 Wade Street., Minden, NV 89423
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME
	19a. Burial		19b. Eastside Memorial Park
CAUSE OF DEATH	LOCATION City or Town State		
	19c. Minden, NV		
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER
	20a. [Signature]		20b. 217
CAUSE OF DEATH	NAME AND ADDRESS OF FACILITY		
	20c. 833 N. Edmonds Drive, Carson City, NV 89701		
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. 11/25/01		22b. [Signature]
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
	21c. 1555		22c. [Signature]
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)
	21d.		22d. ON
CAUSE OF DEATH	PRONOUNCED DEAD (Hour)		
	22e. AT		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER
	23a. Laurence Gay, M.D., 3050 N. Ormsby Blvd., Carson City, NV		23b. 5152
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
	24a. [Signature]		24b. Nov. 26, 2001
CAUSE OF DEATH	DEATH DUE TO COMMUNICABLE DISEASE		
	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).)		Interval between onset and death
	PART I (a) Dehydration		days
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	(b) Refusal to eat or drink		days
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	(c) Cerebrovascular accident		weeks
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)
			26. No
CAUSE OF DEATH	WAS CASE REFERRED TO CORONER (Specify Yes or No)		
			27. Yes
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)
	28a.		28b.
CAUSE OF DEATH	HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
	28c. M		28d.
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
	28e.		28f.
CAUSE OF DEATH	LOCATION		STREET OR R.F.D. No.
	28g.		
CAUSE OF DEATH	CITY OR TOWN		STATE



STATE REGISTRAR

No. 216036

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

Date Issued: NOV 26 2001

Yvonne Sylvan
 State Registrar

0529370

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COPY

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STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 DEC -5 PM 3: 27

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *KJ* DEPUTY

0529370

BK 1201 PG 1579