

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 105 IMAGE 444

2952

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last George Dean SWIFT			2. DATE OF DEATH (Month, Day, Year) December 5, 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) Washoe Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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) 37	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS
	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife, give maiden name)
PARENTS	13. SOCIAL SECURITY NUMBER 6056		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction		
	15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1430 Evening Star		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
DISPOSITION	16. FATHER—NAME First Middle Last Michael Kent Swift			17. MOTHER—MAIDEN NAME First Middle Last Dora Ann Raab			
	18a. INFORMANT—NAME (Type or Print) Mitchell Calven Swift			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 12322 Rocky Mountain Way, Reno, Nevada 89506			
CERTIFIER	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada		
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 		20b. FUNERAL DIRECTOR LICENSE NUMBER 9	20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th St., Minden, Nevada 89423			
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. (Signature and Title) Matteoni, MD			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) 			
	21b. DATE SIGNED (Mo., Day, Yr.) December 8, 2001		21c. HOUR OF DEATH 1700		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) Christi A. Matteoni, MD 880 Rylana Reno NV 89502			23b. LICENSE NUMBER 9049			
CAUSE OF DEATH	24a. REGISTRAR (Signature) 		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 10, 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).)						
PART I (a) respiratory failure DUE TO, OR AS A CONSEQUENCE OF:							
(b) renal failure DUE TO, OR AS A CONSEQUENCE OF:							
(c) end stage liver disease DUE TO, OR AS A CONSEQUENCE OF:							
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) 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. WORK (Yes/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

STATE REGISTRAR

No. 214260

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

0530/97

Date: DEC 14 2001

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COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 DEC 14 PM 4: 27

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *KØ* DEPUTY

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