

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	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH				
	1.	Donald	Alton	PIERCE	2. December 26, 2001	3a. Carson City					
DECEDENT	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					
	3b. Carson City		3c. Carson Tahoe Hospital		3e. Inpatient	4. Male					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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.)			
	5. White		6.		7a. 81	7b. :	7c. :	8. October 9, 1920			
L	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)		
	9a. Oregon		9b. U.S.A.		10. 12		11. Married		12. Beatrice Rigsby		
PARENTS	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY					
	13. 6212		14a. Manager			14b. Micro Film					
DISPOSITION	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		
	15a. Nevada		15b. Douglas		15c. Minden		15d. 1826 White Pine Way		15e. Yes		
CERTIFIER	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last							
	16. Alton Pierce			17. Helen Larwood							
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)						
	18a. Beatrice Pierce - Wife				18b. 1826 White Pine Way, Minden, NV 89423						
To be completed by CERTIFYING PHYSICIAN	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME			LOCATION City or Town State					
	19a. Cremation		19b. FitzHenry's Crematory			19c. Carson City, Nevada					
To be completed by Coroner's Office	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY						
	20a. <i>[Signature]</i>		20b. 217		20c. FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701						
To be completed by Coroner's Office	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.						
	(Signature and Title) <i>[Signature]</i>				(Signature and Title) <i>[Signature]</i>						
To be completed by Coroner's Office	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH				
	21b. 12-27-01		21c. 0810		22b.		22c.				
To be completed by Coroner's Office	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)				
	21d.				22d. ON		22e. AT				
To be completed by Coroner's Office	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER				
	23a. Merritt Dunlap, M.D., 1200 Mountain St., Carson City, NV 89703						23b. 8077				
To be completed by Coroner's Office	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
	24a. (Signature) <i>[Signature]</i>			24b. Dec 27, 2001		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
To be completed by Coroner's Office	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death				
	PART I (a) <i>Cardiac Arrest</i> DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death				
To be completed by Coroner's Office	(b) <i>Coronary Artery Disease</i> DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death				
	(c)										
To be completed by Coroner's Office	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)				
	26. No				27. Yes						
To be completed by Coroner's Office	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED				
	28a.		28b.		28c. M		28d.				
To be completed by Coroner's Office	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.					

STATE REGISTRAR

No. 216070

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

DEC 27 2001

Date Issued:

0531436

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Beatrice Pierce
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JAN -2 PM 12: 21

LINDA SLATER
RECORDER

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