



# 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				
DECEASED—NAME First Middle Last 1. Jack Franklin MOORE		DATE OF DEATH (Month, Day, Year) 2. December 2, 1993	COUNTY OF DEATH 3a. Douglas			
CITY, TOWN, OR LOCATION OF DEATH 3b. Minden		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 2495 Fremont Drive	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. -----	SEX 4. Male		
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 63	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. Nov. 25, 1930	
STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education Specify highest grade completed 10. 18	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Verne O. Haupt		
SOCIAL SECURITY NUMBER 13. [REDACTED]-8479	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Business Executive	KIND OF BUSINESS OR INDUSTRY 14b. GTE				
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 2495 Fremont Dr.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		
FATHER—NAME First Middle Last 16. Jack Moore		MOTHER—MAIDEN NAME First Middle Last 17. Mable L. Norris				
INFORMANT—NAME (Type or Print) 18a. Verne O. Moore --wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2495 Fremont Dr. Minden, NV 89423				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 36	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 833 N. Edmonds Dr. Carson City, NV 89701			
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>Joseph Heflin M.D.</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>[Signature]</i>				
DATE SIGNED (Mo., Day, Yr.) 21b. December 3, 1993		HOUR OF DEATH 21c. 0500		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22d. ON		PRONOUNCED DEAD (Mo., Day, Yr.) 22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Joseph Heflin, M.D., 1532 Hwy 395, Gardnerville NV 89410					LICENSE NUMBER 23b. 5873	
REGISTRAR 24a. (Signature) <i>Helen R. Kocher</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 3, 1993	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Amyotrophic lateral sclerosis DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(b)		Interval between onset and death				
(c)		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.		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

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

By: *Gyonne*  
Deputy Registrar

Date Issued: DEC 03 1993

No. 059943



WARNING: IT IS ILLEGAL TO ALTER OR DESTROY THIS DOCUMENT

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COOPY

REQUESTED BY

*Verne O Wellman*

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 FEB 26 PM 1:42

LINDA SLATER  
RECORDER

\$ 16.00 PAID *OK* DEPUTY

0535619

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