



# 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	
1. DECEASED—NAME First Middle Last <b>Dominic Nicklos MOCCIO</b>		2. DATE OF DEATH (Month, Day, Year) <b>December 28, 2001</b>	
3a. COUNTY OF DEATH <b>Douglas</b>		3b. SEX <b>Male</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3855 Sandstone Dr.</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.	
7a. AGE—Last Birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) <b>August 10, 1931</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>9 Years</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12. SURVIVING SPOUSE (If wife, give maiden name) <b>Maureen LaPutka</b>		13. SOCIAL SECURITY NUMBER <b>3001</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Truck Driver</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Cement</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
15c. CITY, TOWN, OR LOCATION <b>Wellington</b>		15d. STREET AND NUMBER <b>3855 Sandstone</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER—NAME First Middle Last <b>Steve Moccio</b>	
17. MOTHER—MAIDEN NAME First Middle Last <b>Ana Colazzo</b>		18a. INFORMANT—NAME (Type or Print) <b>Maureen Moccio - Wife</b>	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3855 Sandstone Dr. Wellington, Nevada 89444</b>		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>	
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 Carson Valley Funeral Home., 1380 Hwy 395 Gardnerville, Nv 89410 48</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>	
21b. DATE SIGNED (Mo., Day, Yr.) <b>12/28/01</b>		21c. HOUR OF DEATH <b>0720</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Christopher Forman M.D., 604 W. Washington Carson City, Nv 89703</b>		23b. LICENSE NUMBER <b>5528</b>	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>12-31-01</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>metastatic squamous cell carcinoma of head and neck</b> : Interval between onset and death : <b>months</b>	
PART I (b) : Interval between onset and death		PART I (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.		26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY <b>M</b>	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or 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. 216016

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

Date Issued:

JAN 03 2002 0536044

State Registrar

*[Signature]*

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~~Steward Title of Douglas County~~  
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DOUGLAS CO., NEVADA

2002 MAR -1 PM 4: 34

LINDA SLATER  
RECORDER

\$16<sup>00</sup> PAID *KX* DEPUTY

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