



# 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**

**DECEDENT**

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

**PARENTS**

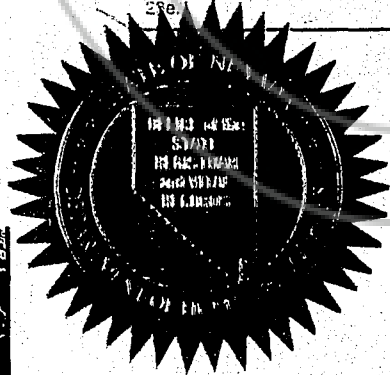
**DISPOSITION**

**CERTIFIER**

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

**CAUSE OF DEATH**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last <b>1. Leona COOPER</b>		DATE OF DEATH (Month, Day, Year) <b>2. August 4, 2000</b>	COUNTY OF DEATH <b>3a. Lyon</b>
CITY, TOWN OR LOCATION OF DEATH <b>3b. Yerington</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c. South Lyon Medical Center</b>	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>3e. Inpatient</b>
RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>5. White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>	SEX <b>4. Female</b>
AGE—Last Birthday (Years) <b>7a. 92</b>		UNDER 1 YEAR MOS : DAYS <b>7b. :</b>	UNDER 1 DAY HOURS : MINS <b>7c. :</b>
DATE OF BIRTH (Mo., Day, Yr.) <b>8. Feb. 7, 1908</b>		DATE OF BIRTH (Mo., Day, Yr.)	
STATE OF BIRTH (If not U.S.A., name country) <b>9a. Iowa</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>	Decedent's Education. Specify highest grade completed. <b>10. 12</b>
SOCIAL SECURITY NUMBER <b>13. ████████-4903</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) <b>14a. Homemaker</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Married</b>
RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Douglas</b>	CITY, TOWN, OR LOCATION <b>15c. Wellington</b>
CITY, TOWN, OR LOCATION <b>15c. Wellington</b>		STREET AND NUMBER <b>15d. 1400 Topaz Ranch Rd.</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>
FATHER—NAME First Middle Last <b>16. Carl Ewing</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Florence Gallup</b>	
INFORMANT—NAME (Type or Print) <b>18a. Joan Roripaugh - Daughter</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 1430 Agate Rd., Wellington, Nevada 89444</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. FitzHenry's Crematory</b>	LOCATION City or Town State <b>19c. Carson City, Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 217</b>	NAME AND ADDRESS OF FACILITY <b>20c. FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701</b>
To be completed by CERTIFYING PHYSICIAN <b>21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.</b> (Signature and Title) <i>[Signature]</i>		To be completed by Coroner's Office <b>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.</b> (Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.) <b>21b. 8/8/00</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b.</b>	
HOUR OF DEATH <b>21c. 0015</b>		HOUR OF DEATH <b>22c.</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d.</b>		PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. ON</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>23a. Robin Titus, M.D., P. O. Box 377, Wellington, Nevada 89444</b>		LICENSE NUMBER <b>23b. 4617</b>	
REGISTRAR <b>24a. (Signature) <i>[Signature]</i></b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. August 14, 2000</b>	DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
<b>25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)</b>			
PART I (a) <b>Cardio pulmonary arrest</b>		Interval between onset and death : minutes	
(b) <b>Multiple QUT's</b>		Interval between onset and death : 3 mo.	
(c) <b>Severe Degenerative joint DS</b>		Interval between onset and death : 2 years	
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) <b>26. No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. No</b>
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>	DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>	HOUR OF INJURY <b>28c.</b>	DESCRIBE HOW INJURY OCCURRED <b>28d.</b>
INJURY AT WORK (Specify Yes or No) <b>28e.</b>	PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>28f.</b>	LOCATION. STREET OR R.F.D. No.	CITY OR TOWN STATE



STATE REGISTRAR

*[Signature]*

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

Date Issued: **AUG 14 2000** **0541372** State Registrar

**No.169086**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0502 P601051

COPY

REQUESTED BY  
Joan Roripaugh  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAY -3 AM 11: 53

LINDA SLATER  
RECORDER

\$ 16<sup>00</sup> PAID K2 DEPUTY

0541372

BK0502PG01052