



# 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 106 IMAGE 894

LOCAL FILE NUMBER 880

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

1. <b>Joanne Sloan BELL</b>		DATE OF DEATH (Month, Day, Year) <b>2. March 31, 2002</b>		COUNTY OF DEATH <b>3a. Washoe</b>
CITY, TOWN OR LOCATION OF DEATH <b>3b. Reno</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c. Washoe 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. A</b>	AGE—Last Birthday (Years) <b>7a. 70</b>	UNDER 1 YEAR MOS : DAYS <b>7b. :</b>
STATE OF BIRTH (If not U.S.A., name country) <b>9a. Illinois</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>	Decedent's Education. Specify highest grade completed. <b>10. 12</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Widowed</b>
SOCIAL SECURITY NUMBER <b>13. ████████-1499</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Clerical/Homemaker</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. State of California</b>
RESIDENCE—STATE <b>15a. Nevada</b>	COUNTY <b>15b. Carson</b>	CITY, TOWN, OR LOCATION <b>15c. Gardnerville</b>		STREET AND NUMBER <b>15d. Queens Court 1379</b>
FATHER—NAME First Middle Last <b>16. Howard P. Sloan</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Esther Marie Olsen</b>		
INFORMANT—NAME (Type or Print) <b>18a. Vivica Henningsen</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. P.O. Box 1983 Minden, Nevada 89423</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. Sierra Crematory</b>		LOCATION City or Town State <b>19c. Reno, Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 16</b>	NAME AND ADDRESS OF FACILITY <b>20c. Walton Funeral Home -875 West Second Street Reno, Nevada 89503</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) <b>[Signature]</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. (Signature and Title) <b>[Signature]</b>		
DATE SIGNED (Mo., Day, Yr.) <b>21b. 4-5-02</b>		HOUR OF DEATH <b>21c. 11:15</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b. [Blank]</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d. Colin Fuller MD</b>		22d. ON		PRONOUNCED DEAD (Mo., Day, Yr.) <b>22c. [Blank]</b>
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>23a. Colin Fuller MD 75 Prunelle #401 Reno NV 89502</b>		LICENSE NUMBER <b>23b. 3987</b>		
REGISTRAR <b>24a. [Signature]</b>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. April 5, 2002</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
PART I (a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:				
(b) <b>Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF:				
(c) 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. [Blank]</b>	DATE OF INJURY (Mo., Day, Yr.) <b>28b. [Blank]</b>	HOUR OF INJURY <b>28c. M</b>	DESCRIBE HOW INJURY OCCURRED <b>28d. [Blank]</b>	
INJURY AT WORK (Specify Yes or No) <b>28e. [Blank]</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f. [Blank]</b>	LOCATION. <b>28g. [Blank]</b>	STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

No. 212839

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

Deputy Registrar: **Barbara Lee Hunt**

**0551133**

APR 8 2002

Date:

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

BK08029611370

COPY

REQUESTED BY  
**Stewart Title of Douglas County**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 AUG 30 PM 1:21

LINDA SLATER  
RECORDER

\$ 16.00 PAID *RS* DEPUTY

0551133

BK0802PG11371