

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	DECEASED—NAME First Middle Last 1. Sandra Dealva MCCORMICK	DATE OF DEATH (Month, Day, Year) 2. June 21, 2003	STATE FILE NUMBER
DECEDENT		CITY, TOWN OR LOCATION OF DEATH 3b. Silver City	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. North end of Gay Street	IF Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.
		RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 66
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS		STATE OF BIRTH (If not U.S.A., name country) 9a. Oklahoma	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16
		SOCIAL SECURITY NUMBER 13. ██████████ 2220	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Craft Maker	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
PARENTS		RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lyon	CITY, TOWN, OR LOCATION 15c. Silver City
		FATHER—NAME First Middle Last 16. Russell Sorrells	MOTHER—MAIDEN NAME First Middle Last 17. Myrtle Robbins	STREET AND NUMBER 15d. North end of Gay Street
DISPOSITION		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. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. 833 N. Edmonds Drive, Carson City, NV 89701
CERTIFIER	To be Completed by Certifying Physician	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>		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. 6-23-03	HOUR OF DEATH 21c. 0615	DATE SIGNED (Mo., Day, Yr.) 22b.
CAUSE OF DEATH		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. James Forsythe, M.D., 521 Sierra Rose, Reno, NV		LICENSE NUMBER 23b. 2864
		REGISTRAR 24a. <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 24, 2003	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) DUE TO, OR AS A CONSEQUENCE OF: <i>Renal failure</i>		<i>2 weeks</i>
		(b) DUE TO, OR AS A CONSEQUENCE OF: <i>Metastatic Breast Carcinoma</i>		<i>7 years</i>
	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) 26. NO
		ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M
		INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	DESCRIBE HOW INJURY OCCURRED 28d.
			LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE



STATE REGISTRAR

No. 239198

[Signature]
Yvonne Sylva

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

Date Issued: JUN 24 2003 0581697

State Registrar

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MAIL TO:
✓ L.A. WAHRENBROCK
PO Box 246
SILVER CITY, NV
89428

COPY

REQUESTED BY
Larry Wahrenbrock
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 JUN 27 AM 11:40

WERNER CHRISTEN
RECORDER

\$ 15⁰⁰ PAID Kg DEPUTY

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