

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 909

895

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Murray A. BAKKEN		2. March 29, 2002		3a. Washoe
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
	3b. Reno		3c. St. Mary's Regional Medical Center		3e. Inpatient
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
	5. White	6.	7a. 88	7b. :	7c. :
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
	9a. North Dakota	9b. U.S.A.	10. 10	11. Married	12. Pauline E. Napier
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY		
	13. ██████████ 1287	14a. Maintenance Man	14b. Aerospace		
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada	15b. Douglas	15c. Gardnerville	15d. Dresslerville Rd 1030	15e. Yes
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last			
	16.		17.		
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Randall Bakken, Sr.		18b. 1030 Dresslerville Road, Gardnerville, NV 89410		
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
	19a. Cremation	19b. Truckee Meadows Crematory	19c. Sparks Nevada		
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. <i>Carol D. Higgins</i>	20b. 20	20c. Reno Memorial 253 E. Arroyo, Reno, NV 89502		
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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>R. Scott, MD</i> DATE SIGNED (Mo., Day, Yr.) <i>4/8/2002</i> NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		(Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____ PRONOUNCED DEAD (Mo., Day, Yr.) _____ PRONOUNCED DEAD (Hour) _____		
CAUSE OF DEATH	21c. 1945		22c. _____		
	21d. _____		22d. ON _____		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER		
	23a. <i>RAYMOND SCOTT, M.D. 95 PRINGLE WAY #601</i>		23b. <i>RENO NV 89502 5245</i>		
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
	24a. (Signature) <i>Sandy Ontiveros Dep.</i>	24b. April 8, 2002	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
	PART I	(a) <i>Resp. Arrest</i>	Interval between onset and death		
CAUSE OF DEATH	(b) <i>Resp. Failure</i>		Interval between onset and death		
	(c) <i>CHF</i>		Interval between onset and death		
CAUSE OF 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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	26. <i>CAD, 40% Tobacco Abuse, Pneumonia</i>		26. No	27. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
	28a.	28b.	28c.	28d.	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
	28f.	28g.	28g.	28g.	28g.

STATE REGISTRAR

No. 216674

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*

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