

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED—NAME: First Middle Last 1. John Patrick CAVANAUGH			DATE OF DEATH (Month, Day, Year) 2. December 13, 2004		COUNTY OF DEATH 3a. Douglas
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DECEDENT

CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Evergreen Health and Rehab Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Male
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IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

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. 79	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. May 19, 1925
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STATE OF BIRTH (If not U.S.A., name country) 9a. Illinois	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16 Years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Catherine Murphy
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SOCIAL SECURITY NUMBER 13. 6623	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Engineer	KIND OF BUSINESS OR INDUSTRY 14b. Mining Industry
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PARENTS

RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. Purple Sage Dr. 1431	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
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FATHER—NAME First Middle Last 16. Owen T. Cavanaugh	MOTHER—MAIDEN NAME First Middle Last 17. Elizabeth Brennan
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DISPOSITION

INFORMANT—NAME (Type or Print) 18a. Catherine Cavanaugh - Wife	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1431 Purple Sage Dr. Gardnerville, NV 89460
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BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. Calvary Cemetery	LOCATION City or Town State 19c. Springfield, Illinois
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FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410
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CERTIFIER

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> Ralph Herbig, D.O.	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>
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DATE SIGNED (Mo., Day, Yr.) 21b. 12/14/04	HOUR OF DEATH 21c. 1334	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.
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NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.	PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT
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NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Ralph Herbig D.O., 1540 Hwy 395, #E, Gardnerville, NV 89410	LICENSE NUMBER 23b. 984
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CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

REGISTRAR 24a. (Signature) <i>[Signature]</i> Gaimie Evans	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 16, 2004	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	Interval between onset and death
PART I (a) cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF:	minutes
(b) electrolyte imbalance/hypoxic DUE TO, OR AS A CONSEQUENCE OF:	days
(c) failure to thrive	weeks

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) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
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ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
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INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
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STATE REGISTRAR

No. 276521

18749

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC 16 2004

STATE REGISTRAR

This copy is not valid unless prepared



BK- 0305
PG- 4378

