



# 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 119 IMAGE 144

LOCAL FILE NUMBER 2168

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. <b>William Brown SWISHER</b>			2. <b>July 22, 2005</b>		3a. <b>Washoe</b>
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/Emar. Pm. Inpatient (Specify)	SEX
	3b. <b>Reno</b>		3c. <b>St. Mary's Regional Med. Center</b>		3e. <b>Inpatient</b>	4. <b>Male</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	FACE—(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)	DATE OF BIRTH (Mo., Day, Yr.)
	5. <b>White</b>		6.		7a. <b>75</b>	8. <b>June 9, 1930</b>
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
	9a. <b>Pennsylvania</b>		9b. <b>U.S.A.</b>		10. <b>13 Years</b>	
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. <b>7201</b>		14a. <b>Vice-President</b>		14b. <b>Title Insurance</b>	
CERTIFIER	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
	15a. <b>Nevada</b>		15b. <b>Douglas</b>	15c. <b>Gardnerville</b>		15d. <b>1482 Kathy Way</b>
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)	
	16. <b>Mont Eugene Swisher</b>		17. <b>Charlotte Christine Brown</b>		15e. <b>Yes</b>	
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. <b>Joan Swisher - Wife</b>			18b. <b>1482 Kathy Way, Gardnerville, Nevada 89460</b>		
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. <b>Cremation</b>		19b. <b>FitzHenry's Crematory</b>		19c. <b>Carson City, Nevada</b>	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. <i>[Signature]</i>		20b. <b>217</b>	20c. <b>Home, 1380 Hwy 395, Gardnerville, Nevada 89410</b>		
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. (Signature and Title)			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)		
	21b. <b>7/28/05</b>			22b. <b>NO</b>		
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21c. <b>1835</b>		21d.		22c. <b>AT</b>	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
	23a. <b>Alfred Maher, M.D., 235 W. 6th St., Reno, Nevada 89503</b>					23b. <b>5509</b>
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. <i>[Signature]</i>		24b. <b>July 29, 2005</b>		24c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) <b>Septicemia</b>					
CAUSE OF DEATH	PART I (b) DUE TO, OR AS A CONSEQUENCE OF:					
	PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.					
CAUSE OF DEATH	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
	26.			27.	28.	29.
CAUSE OF DEATH	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.	28h.	28i.

STATE REGISTRAR

No. 287027

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

Deputy Registrar: *[Signature]*

Date:

AUG 16 2005

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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