



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2006004050  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Lisa	1b. MIDDLE A	1c. LAST GOERINGER	2. DATE OF DEATH (Mo/Day/Year) November 14, 2006	3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1282 Halter Court	3d. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient (Specify)	4. SEX Female	
DECEDENT	5. RACE - (e.g., White, Black, American Indian) (Specify) White	6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic	7a. AGE - Last birthday (Years) 51	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) January 11, 1955	
	9a. STATE OF BIRTH (If not U.S.A., name country) California	9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	12. SURVIVING SPOUSE (if wife, give maiden name)		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED] 5288	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner/partner		14b. KIND OF BUSINESS OR INDUSTRY Finance Company			
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1282 Halter Court	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Norm GOERINGER			17. MOTHER - NAME (First Middle Last Suffix) Anita SIMS			
	18a. INFORMANT - NAME (Type or Print) Norm GOERINGER			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 110 Mineral Drive Ely, Nevada 89301			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & 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) stated. (Signature & Title) JESSE MCKONE SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) November 29, 2006		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) November 14, 2006		22e. PRONOUNCED DEAD AT (Hour) 15:48	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner JESSE MCKONE - P.o. Box 218 Minden, NV 89423				23b. LICENSE NUMBER 301		
REGISTRAR	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2006		24c. DEATH DUE TO COMMUNICABLE DISEASE 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).)				Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I	(a) Atherosclerotic Cardiovascular Disease				Interval between onset and death	
		(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
		(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	PART II	OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I Restrictive Lung Disease with Pulmonary Hypertension				26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
50807	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED			
	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE	

STATE REGISTRAR

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BK- 1206  
PG- 3049

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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: 12/01/2006  
DEC 01 2006

SIGNATURE AUTHENTICATED  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

