

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

CERTIFICATE OF DEATH

2008009456
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lee Ann Frances BRIGGS			2. DATE OF DEATH (Mo/Day/Year) June 20, 2008		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 56	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 10, 1952
9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Kenneth BRIGGS
13. SOCIAL SECURITY NUMBER 5733		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Clerical		14b. KIND OF BUSINESS OR INDUSTRY Hardware		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1383 Macenna Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME (First Middle Last Suffix) Robert S MILLEN			17. MOTHER - NAME (First Middle Last Suffix) Frances VALENTINE			
18a. INFORMANT- NAME (Type or Print) Kenneth BRIGGS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1383 Macenna Lane Gardnerville, Nevada 89410				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAROLL DAVID HIGGINS		20b. FUNERAL DIRECTOR LICENSE 20	20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502			
TRADE CALL - NAME AND ADDRESS						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ELLEN G.I. CLARK M.D.			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) ELLEN G.I. CLARK M.D.			
21b. DATE SIGNED (Mo/Day/Yr) June 23, 2008		21c. HOUR OF DEATH 17:45	22b. DATE SIGNED (Mo/Day/Yr) June 20, 2008		22c. HOUR OF DEATH 17:45	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ellen G.I. Clark M.D.						
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV 89520					23b. LICENSE NUMBER 5850	
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 23, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART I						
(a) Multiple Injuries Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF: (b) Blunt Force Trauma Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF: (d) Interval between onset and death						
PART II					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT	28b. DATE OF INJURY (Mo/Day/Yr) June 11, 2008	28c. HOUR OF INJURY 1351	28d. DESCRIBE HOW INJURY OCCURRED Restrained driver of automobile in multivehicle collision			
28e. INJURY AT WORK (Specify Yes or No) No	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Street		28g. LOCATION STREET OR R.F.D. No. Hwy 88 at Centerville Road	CITY OR TOWN Gardnerville	STATE Nevada	

STATE REGISTRAR

552106



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BK- 1008
PG- 1648

VRS-Rev-2008T

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.

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED: **07/01/2008**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

