

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

CERTIFICATE OF DEATH

2008014089

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Janice Lynn MORLEY			2. DATE OF DEATH (Mo/Day/Year) September 06, 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
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 52	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 29, 1955
	9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Michael Jay MORLEY
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████8810		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Retail Sales		14b. KIND OF BUSINESS OR INDUSTRY On Line Book Sales		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1891 Colt Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Edwin ANTOSIK			17. MOTHER - NAME (First Middle Last Suffix) Marcelina GARBUIO			
	18a. INFORMANT - NAME (Type or Print) Michael Jay MORLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1891 Colt Lane Gardnerville, Nevada 89410				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89501		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502			
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) SIGNATURE AUTHENTICATED JAMES BROOKS HARRIS 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)			
	21b. DATE SIGNED (Mo/Day/Yr) September 10, 2008		21c. HOUR OF DEATH 08:20	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) James Brooks Harris M.D. 75 Pringle Way, Suite 1002 Reno, NV 89502					23b. LICENSE NUMBER 10890	
CAUSE OF DEATH	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 22, 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).)					Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Cerebrovascular accident-hemorrhage spontaneous				12 Hours		
	DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiac arrest				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) No	
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

0731534 Page: 2 Of 2 10/16/2008
BK- 1008
PG- 2554

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: 09/22/2008

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE