

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009017874
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) David Anthony LABARBARA		2. DATE OF DEATH (Mo/Day/Year) December 04, 2009		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3d. If Hosp. or Inst. Indicate DOA, Or Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU)	
DECEDENT	5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 61	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) February 10, 1948	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If Not U.S.A. name country) Illinois		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)			
PARENTS	13. SOCIAL SECURITY NUMBER 4320		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Superintendent		14b. KIND OF BUSINESS OR INDUSTRY Douglas County Water District	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1326 Patricia Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER - NAME (First Middle Last Suffix) Anthony Duane LABARBARA		17. MOTHER - NAME (First Middle Last Suffix) Delores E LAWSON			
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Priyanka VARNI		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 46 Jordan Avenue San Francisco, California 94118			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1576 N Lomp Ln Carson City NV 89701	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JORGE HERNAN PEREZ-CARDONA M.D. SIGNATURE AUTHENTICATED		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) December 09, 2009		21c. HOUR OF DEATH 20:25		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jorge Hernan Perez-Cardona M.D., 1000 N. Division Street #104 Carson City, NV 89703		23b. LICENSE NUMBER 10108			
	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 10, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE Lung Cancer		INTERVAL BETWEEN ONSET AND DEATH			
	(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II	(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			
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
26a. AGG. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26f. DESCRIBE HOW INJURY OCCURRED		
26g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		

STATE REGISTRAR



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BK- 0210
PG- 5011
02/24/2010

VS-10-2009052

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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: 12/10/2009

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

R. Griffith
SIGNATURE AUTHENTICATED

