



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

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

**2008013625**  
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) <b>Donald Lee HARRISON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 20, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>44</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 19, 1963</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Stacy Bobbette GILMER</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-9913</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Welding Supply</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>702 Hornet Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Euel Dean HARRISON</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Virginia Lee MOOSE</b>		18a. INFORMANT - NAME (Type or Print) <b>Stacy B HARRISON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>702 Hornet Dr Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town, State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary</b> <b>1478 4th Street Minden NV 89423</b>	
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) <b>JESSE MCKONE</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>August 29, 2008</b>		21c. HOUR OF DEATH <b>15:19</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>JESSE MCKONE</b> SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) <b>August 29, 2008</b>	
22c. HOUR OF DEATH <b>15:19</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>August 20, 2008</b>		22e. PRONOUNCED DEAD AT (Hour) <b>15:19</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy, Jesse McKone, P.O. Box 218, Minden, NV 89423</b>				23b. LICENSE NUMBER <b>301</b>	
24a. REGISTRAR (Signature) <b>RANI REED</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 04, 2008</b>		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) <b>Hypertensive Cardiovascular Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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



BK- 0710  
PG- 1158  
0766601 Page: 2 of 2 07/07/2010

VRS-Rev-2008T

232224 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: **09/16/2008**

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

PNCO (Rev) 11/06

*Rani Reed*  
SIGNATURE AUTHENTICATED

