

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK
CEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF SCIENCE ITEMS
RENTS
POSITION
CERTIFIER
CONDITIONS ANY PERSON GAVE USE TO IMMEDIATE CAUSE OF THE UNDERLYING CAUSE LAST
USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Larry Gene HICKMAN		2 November 13, 2005		3a. Carson City	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. Carson-Tahoe Hospital		3e. ICU 4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
5. White		6.	7a. 55	7b.	7c.
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education—Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
9a. Ohio		9b. U.S.A.	10. 16	12. Rebecca East	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. 3272		14a. CPA		14b. State Employee	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Douglas	15c. Minden	15d. 1378 Kim Place	15e. No
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Devere Hickman		17. Hattie Roop			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Rebecca Hickman		18b. 1378 Kim Place, Minden, Nevada 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. Jimmy Dever		20b. 09	20c. 1478 4th St., Minden, Nevada 89423		
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and 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) and manner stated. (Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 11/16/05		21c. 14:54		22b.	
NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. Ned Inceer		22d. ON 2		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)				LICENSE NUMBER	
23a. Ned Inceer, D.O., 715 Flamingo Ave, Carson City, NV 89707				23b. 1090	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
24a. (Signature) Vella R. Kuching		24b. November 17, 2005	24c. 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) CADITIC ARREST / Sudden cardiac death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Ischemic Cardio myopathy					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Coronary artery disease					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
				26. No	27. Yes
ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			

STATE REGISTRAR

No. 325676

090740

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:

NOV 17 2005

(Signature)
STATE REGISTRAR

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



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Page : 2 of 2 04/09/2013 12:50 PM
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