





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

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

**2011016887**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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>Joan Therese MCKENZIE</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>October 28, 2011</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>738 Indian Trail Rd.</b>		3e. If Hosp. or inst indicate DOA, OPI, Emer. Rm. Inpatient (Specify) <b>Home</b>		
4. SEX <b>Female</b>		5. RACE <b>White</b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>November 25, 1931</b>		
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		
7c. UNDER 1 DAY		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>William Henry MCKENZIE</b>		
9a. STATE OF BIRTH (if not U.S.A. name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		
13. SOCIAL SECURITY NUMBER <b>2225</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Pre-school Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</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>738 Indian Trail Rd.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Joseph MCFADDEN</b>		
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nora Gertrude REIMERS</b>		18a. INFORMANT - NAME (Type or Print) <b>William Joseph MCKENZIE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>738 Indian Trail Rd. Gardnerville, Nevada 89460</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Anatomical Donation/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Science Care</b>		19c. LOCATION City or Town State <b>Aurora Colorado 80011</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOSH FAULKNER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>775</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</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>SIEMAY LEE MD</b> 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) <b>October 31, 2011</b>			21c. HOUR OF DEATH <b>10:21</b>			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)			
			22c. HOUR OF DEATH			
			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): <b>SIEMAY LEE MD 1516 Virginia Ranch Rd Gardnerville, NV 89410</b>					23b. LICENSE NUMBER <b>11789</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 02, 2011</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>Cardiopulmonary Arrest</b> Interval between onset and death						
(b) <b>Chronic Obstructive Pulmonary Disease</b> Interval between onset and death <b>&gt;5 Years</b>						
(c) Interval between onset and death						
(d) Interval between onset and death						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
28a. ACC., SUICIDE, HOMICIDE, 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

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BK 0713  
PG 574  
7/2/2013

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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: **11/08/2011**

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

*R. Bidwell*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

