



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

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

2010012065  
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>Lamont E MCGILL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 11, 2010</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>1328 Brooke Way</b>		3e. If Hosp or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) <b>May 08, 1940</b>	
7a. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS	
7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 08, 1940</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>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Vicki MCMILLIN</b>		13. SOCIAL SECURITY NUMBER <b>██████████-1342</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Police Officer</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>Law Enforcement</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>1328 Brooke Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER - NAME (First Middle Last Suffix) <b>Oliver Edmond MCGILL</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Georgia RAPIER</b>		
18a. INFORMANT-NAME (Type or Print) <b>Vicki MCGILL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1328 Brooke Way Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> 1380 Highway 395 N Gardnerville NV 89410	
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>SIGNATURE AUTHENTICATED GUY TURNBULL FOSTER M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>August 16, 2010</b>		21c. HOUR OF DEATH <b>22:50</b>		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)	
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>Guy Turnbull Foster M.D. 200 Bath Street, #1 Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>10196</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 17, 2010</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				Interval between onset and death	
(a) <b>Hypoxia</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Pulmonary Fibrosis</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) 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

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BK : 0114  
PG : 5373  
1/31/2014

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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: **08/17/2010**

*Rud Whelan*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

