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OFFICIAL RECORDS

Requested By:
GEORGE KEELE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 0814 Pg: 1427



Deputy: sg

APN: 1220-22-110-063

This document contains a
Social Security number
pursuant to NRS 440.380.

When recorded, mail to:

✓ George M. Keele
1692 County Road, #A
Minden, NV 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013004123
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) Cleothis L WILSON			2. DATE OF DEATH (Mo/Day/Year) March 10, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN; OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
5 RACE Black (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 80	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS:	8. DATE OF BIRTH (Mo/Day/Yr) August 01, 1932
9a. STATE OF BIRTH (if not U.S.A., name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Melvie Jo MORRIS
13. SOCIAL SECURITY NUMBER ████████-3639		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Superintendent		14b. KIND OF BUSINESS OR INDUSTRY Naval Aviation		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 775 Mammoth Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank WILSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pebbie Mae			
18a. INFORMANT - NAME (Type or Print) Melvie Jo WILSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 775 Mammoth Way Gardnerville, Nevada 89460				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION: City or Town State Minden Nevada 89423		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410			
20a. SIGNATURE AUTHENTICATED						
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) SIGNATURE AUTHENTICATED STEPHEN LANE PERRY M.D.			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) March 13, 2013		21c. HOUR OF DEATH 20:45	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410					23b. LICENSE NUMBER 6526	
24a. REGISTRAR (Signature) BIANCA GALEANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 18, 2013		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) Respiratory Failure					Immediate	
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(b) Aspiration of Food, Acute					Minutes	
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(c) Chronic Dysphagia and Esophageal Dismotility					2+ Years	
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. History of CVA, Coronary Artery Disease, Chronic Kidney Disease					26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
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 : 08 14
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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:

03/27/2013

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

R. J. Winters
STATE REGISTRAR
SIGNATURE AUTHENTICATED

