

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

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

20010015091

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. William Arthur COOK SR.		2. November 30, 2001	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 1094 Log Cabin Road		3a. 6	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 69	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
DATE OF BIRTH (Mo., Day, Yr.)		8. Sept. 25, 1932	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Washington		9b. USA	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. -4620		10. 804	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Truck Driver		11. Married	
RESIDENCE—STATE		SURVIVING SPOUSE (If wife, give maiden name)	
15a. Nevada		12. Evelyn Best	
COUNTY		KIND OF BUSINESS OR INDUSTRY	
15b. Douglas		14b. Transportation Industry	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Gardnerville		15d. 1094 Log Cabin Road	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Paul R. Cook		17. Grace E. Haverfield	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Christine Cook		18b. 1094 Log Cabin Rd., Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. [Signature]		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 9		Walton's Chapel of the Valley 02	
20c. 1281 No. Roop St., Carson City, Nevada 89706		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	
21b. [Signature]		21c. 2300	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21d. 12/4/2001		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.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. [Signature]	
21d.		22c. DATE SIGNED (Mo., Day, Yr.)	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
23a. Dr. Stephen Perry, M.D., 1107 Hwy. 395, Gardnerville, Nevada 89410		22e. PRONOUNCED DEAD (Hour)	
REGISTRAR		22f. ON	
24a. [Signature]		22g. AT	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		LICENSE NUMBER	
24b. Dec 17, 2001		23b. 6526	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART (a) Metastatic transitional cell cancer		2 years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
26. No		27. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED.	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

618494

STATE REGISTER COPY OF VITAL RECORDS

Copy No. 206990
Christy Thirney

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:

MAR 07 2016

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

