

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3962661

CERTIFICATE OF DEATH

2017011967
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Albert BATISTA			2. DATE OF DEATH (Mo/Day/Year) June 15, 2017		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Empres Health And Rehabilitation			3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility		
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 24, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
DECEDENT	10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Janet Lloya JOHNSON			
	13. SOCIAL SECURITY NUMBER 0757		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Landscaper		14b. KIND OF BUSINESS OR INDUSTRY Construction		15. Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2855 Sierra Mesa		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Nino BATISTA				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene GOGLIO			
PARENTS	18a. INFORMANT- NAME (Type or Print) Linda ZINESKI			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 993 Waverly Common Livermore, California 94551				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MONICA GIESE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD880	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509				
DISPOSITION	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) JOSE AGUIRRE MD SIGNATURE AUTHENTICATED							
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) June 27, 2017		21c. HOUR OF DEATH 06:52		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)		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
					22e. PRONOUNCED DEAD AT (Hour)			
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11479		
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 28, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
	PART I (a) Cardiopulmonary Arrest						Interval between onset and death	
	(b) Inanition						Interval between onset and death	
	(c) Adult Failure To Thrive						Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) End Stage Dementia						Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	28a. ACC. SUICIDE, HOMICIDE, UNDETERMINED 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



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:

SEP 05 2017

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

[Signature]
STATE REGISTRAR

VRS-Rev-201205213

