WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 86 IMAGE 946

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 285

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME First	Middle	Last	2. DATE OF DEATH (Month, Day, Year)	3a. COUNTY OF DEATH
Kenneth	W.	AAGARD	February 4, 1996	Washoe

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	4. SEX
Sparks	Washoe Care Center	Inpatient	Male

5. RACE—(e.g., White, Black, American Indian, etc) (Specify)	6. Was Decedent of Hispanic Origin? Specify yes X no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years)	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.)
White		70	:	:	June 4, 1925

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. Decedent's Education. Specify highest grade completed.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Utah	U.S.A.	12	Never Married	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	14b. KIND OF BUSINESS OR INDUSTRY
529-20-9218	Dock Loader	U. S. Navy

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE	15b. COUNTY	15c. CITY, TOWN, OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Washoe	Sparks	1375 #107 Baring Boulevard	Yes

PARENTS

16. FATHER—NAME First	Middle	Last	17. MOTHER—MAIDEN NAME First	Middle	Last
Neils		Aagard	Laura		Memmette

18a. INFORMANT—NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Robert Kahman	P.O. Box 2657, Reno, Nevada 89505

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY—NAME	19c. LOCATION City or Town	State
Burial	Sierra Memorial Gardens	Reno,	Nevada

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
Tammy Burden	9	O'Brien-Rogers & Crosby 600 West Second Street, Reno, Nevada 89503

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)

21b. DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by Coroner's Office

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.
(Signature and Title) Vernon O. McCarty

22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH
February 7, 1996	1210

22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON	22e. PRONOUNCED DEAD (Hour) AT
February 4, 1996	1210

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.)	23b. LICENSE NUMBER
Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520	WCC S. 35

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	24c. DEATH DUE TO COMMUNICABLE DISEASE
Dep	February 7, 1996	YES ☐ NO ☒

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Carcinoma of the lung — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — 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.

Chronic obstructive pulmonary disease

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	28d. DESCRIBE HOW INJURY OCCURRED

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

No. 091713

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: [signature] Date: FEB 12 1996

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