

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Jerry Clay COOMBES Jr.		DATE OF DEATH (Month, Day, Year) 2. February 10, 2005	
CITY, TOWN OR LOCATION OF DEATH 3b. Boulder City		COUNTY OF DEATH 3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Boulder City Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 4. Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 68	
STATE OF BIRTH (If not U.S.A., name country) 9a. California		DATE OF BIRTH (Mo., Day, Yr.) 8. Oct 17, 1936	
CITIZEN OF WHAT COUNTRY 9b. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Divorced	
SOCIAL SECURITY NUMBER 13.		SURVIVING SPOUSE (If wife, give maiden name) 12.	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Electrician / Retired		KIND OF BUSINESS OR INDUSTRY 14b. Construction	
RESIDENCE—STATE 15a. Nevada		INSIDE CITY LIMITS (Specify Yes or No) 15e. No	
COUNTY 15b. Lincoln		CITY, TOWN, OR LOCATION 15c. Pioche	
STREET AND NUMBER 15d. 17 Ely St.			
FATHER—NAME First Middle Last 16. Jerry Clay Coombes Sr.		MOTHER—MAIDEN NAME First Middle Last 17. Thelma Hanson	
INFORMANT—NAME (Type or Print) 18a. Adrienne Gonzales - Daughter		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1520 Albino Drive Henderson Nevada 89015	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Southern Nevada Veterans Memorial Cemetery	
LOCATION City or Town State 19c. Boulder City, Nevada			
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Director) 20a. <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20c. Palm Mortuary - Henderson 800 S. Boulder Hwy., Henderson, Nevada 89015	
20b. <i>[Signature]</i>			
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: <i>[Signature]</i>		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): <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.) 21b. 2-15-05		HOUR OF DEATH 21c. 10:56 PM	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour)	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Herve Bezard, MD 895 Adams Blvd. Boulder City, NV 89005		LICENSE NUMBER 23b. 5657	
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. FEB 16 2005	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE: 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Bacterial Endocarditis DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(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.		AUTOPSY (Specify Yes or No) 26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	
HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	
LOCATION. 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 281126

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
 Registrar of Vital Statistics

By: *[Signature]*

Date Issued:

FEB 17 2005

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 3902

Las Vegas, Nevada 89127

702-383-1223

Tax ID# 88-0151573

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