

**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. John Alonza HAVENS		DATE OF DEATH (Month, Day, Year) 2. December 25, 2002	COUNTY OF DEATH 3a. Clark
CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Sunrise Hospital	If Hosp. or Inst. indicate DOA, OP/Emer. Pm. Inpatient (Specify) 3e. Emer. Rm.
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X	SEX 4. Male
AGE—Last Birthday (Years) 7a. 75		UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
DATE OF BIRTH (Mo., Day, Yr.) 8. June 20, 1927		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
SURVIVING SPOUSE (If wife, give maiden name) 12. Vivian McCarter		CITY OF WHAT COUNTRY 9b. U.S.A.	
Decedent's Education. Specify highest grade completed. 10. 10		CITY, TOWN, OR LOCATION 15c. Lincoln	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Truck Driver	
KIND OF BUSINESS OR INDUSTRY 14b. Transportation		STREET AND NUMBER 15d. US Hwy 93	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Clark	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Roy Havens		MOTHER—MAIDEN NAME First Middle Last 17. Dorothy Wells	
INFORMANT—NAME (Type or Print) 18a. Pamela Taylor		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 14 N. Springs St. Caliente, NV 89008	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Valley Memorial	
LOCATION City or Town State 19c. Henderson, Nevada		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Jerome J. Capiz	
FUNERAL DIRECTOR LICENSE NUMBER 20b. 78		NAME AND ADDRESS OF FACILITY 20c. Garden Memorial Funeral Home 3600 W. Vegas Dr. Las Vegas, NV 89108	
21a. To be completed by CERTIFYING PHYSICIAN I, the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 12/27/02		22a. To be completed by Coroner's Office 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) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. : 22c. : 22d. ON 22e. AT	
21b. 12/27/02		21c. 0155	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Dr. Paul Fischer, M.D., 3186 S. Maryland Pkwy, Las Vegas, NV, 89109		21e. LICENSE NUMBER 21e. 4770	
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. DEC 27 2002	
24c. 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).) PART I (a) CARDIOPULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF: (b) UNKNOWN DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. [REDACTED]		DATE OF INJURY (Mo., Day, Yr.) 26b. : HOUR OF INJURY 26c. : M	
25b. INJURY AT WORK (Specify Yes or No) 25b. [REDACTED]		DESCRIBE HOW INJURY OCCURRED 26d. M	
26a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26a. [REDACTED]		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 26g. [REDACTED]	
26e. [REDACTED]		26f. AUTOPSY (Specify Yes or No) 26f. No	
26f. [REDACTED]		26g. WAS CASE REFERRED TO CORONER (Specify Yes or No) 26g. Yes [Signature]	

STATE REGISTRAR

No.226602

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"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: DEC 30 2002



CLARK COUNTY HEALTH DISTRICT
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Tax ID# 88-0151573

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