DOH-1961 (8/2011)

RECORDED DISTRICT: 101
REGISTER NUMBER: 1678

NEW YORK STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE | NCHS | 4C | 4G | 7A | 7B | SI | 25 | 30 | 31 | 31B | QR | QS | QCOD | CANCER

DECEDENT

1. NAME: FIRST: A. | MIDDLE: Brooks | LAST: Brown
2. SEX: MALE [X] 1 | FEMALE [ ] 2
3A. DATE OF DEATH: MONTH 08 | DAY 30 | YEAR 2013
3B. HOUR: 5:15 Pm
4A. PLACE OF DEATH (Check one): HOSPITAL DOA ER [ ] | HOSPITAL OUTPATIENT [ ] | HOSPITAL INPATIENT [X] | NURSING HOME [ ] | PRIVATE RESIDENCE [ ] | HOSPICE FACILITY [ ] | OTHER (Specify): [ ]
4B. IF FACILITY, DATE ADMITTED: MONTH 08 | DAY 30 | YEAR 2013
4C. NAME OF FACILITY: (If not facility, give address) Albany Medical Center Hospital
4D. LOCALITY: (Check one and specify) CITY [X] | VILLAGE [ ] | TOWN [ ] Albany
4E. COUNTY OF DEATH: Albany
4F. MEDICAL RECORD NO.: 2327068
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO [ ] | YES [X] Southwestern Vermont Medical Center, Bennington County, Bennington, Vermont
5. DATE OF BIRTH: MONTH 05 | DAY 27 | YEAR 1947
6A. AGE IN YEARS: 66 yrs.
6B. IF UNDER 1 YEAR ENTER: months | days
6C. IF UNDER 1 DAY ENTER: hours | minutes
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Dallas, Texas
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO [X] 0 | YES [ ] 1
9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.
A [X] No, not Spanish/Hispanic/Latino | B [ ] Yes, Mexican, Mexican American, Chicano | C [ ] Yes, Puerto Rican | D [ ] Yes, Cuban | E [ ] Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be:
A [X] White/Caucasian | B [ ] Black or African American | C [ ] Asian Indian | D [ ] Chinese | E [ ] Filipino | F [ ] Japanese | G [ ] Korean | H [ ] Vietnamese | J [ ] Native Hawaiian | K [ ] Guamanian or Chamorro | M [ ] Samoan | N [ ] American Indian or Alaska Native (specify) | P [ ] Other Asian (specify) | R [ ] Other Pacific Islander (specify) | S [ ] Other (specify)
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.
1 [ ] ≤ 8th grade | 2 [ ] 9th-12th grade; no diploma | 3 [ ] High school graduate or GED | 4 [ ] Some college credit, but no degree | 5 [X] Associate's degree | 6 [ ] Bachelor's degree | 7 [ ] Master's degree | 8 [ ] Doctorate/Professional degree
12. SOCIAL SECURITY NUMBER: 465-78-6351
13. MARITAL STATUS: NEVER MARRIED [ ] 1 | MARRIED [X] 2 | WIDOWED [ ] 3 | DIVORCED [ ] 4 | SEPARATED [ ] 5
14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. Melinda Bell
15A. USUAL OCCUPATION: (Do not enter retired) Engineer
15B. KIND OF BUSINESS OR INDUSTRY: Radio
15C. NAME AND LOCALITY OF COMPANY OR FIRM: WEQX Manchester, Vermont
16A. RESIDENCE: (State or Country if not USA) Vermont
16B. County or Region/Province if not USA: Bennington
16C. LOCALITY: (Check one and specify) CITY [ ] | VILLAGE [ ] | TOWN [X] Manchester
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? [ ] YES [ ] NO IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 486 Riverbend Drive
16E. ZIP CODE: 05255

PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST William | MI K. | LAST Brown
18. BIRTH NAME OF MOTHER / PARENT: FIRST Eleanor | MI | LAST Brooks

DISPOSITION

19A. NAME OF INFORMANT: Melinda Brown
19B. MAILING ADDRESS: (include zip code) 486 Riverbend Drive, Manchester Center, Vermont 05255
20A. 1 [ ] BURIAL 2 [X] CREMATION 3 [ ] REMOVAL 4 [ ] HOLD 5 [ ] DONATION 6 [ ] ENTOMBMENT | MONTH 09 | DAY 03 | YEAR 2013
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Vermont Cremation Service
20C. LOCATION: (City or town and state) Bennington, Vermont
21A. NAME AND ADDRESS OF FUNERAL HOME: Brewster & Shea Funeral Service, 34 Park Place, Manchester Center, Vermont, 05255
21B. REGISTRATION NUMBER: 023.001023
22A. NAME OF FUNERAL DIRECTOR: James Michael Smith
22B. SIGNATURE OF FUNERAL DIRECTOR: James Michael Smith
22C. REGISTRATION NUMBER: 13362
23A. SIGNATURE OF REGISTRAR: Denise C Kelley
23B. DATE FILED: MONTH 09 | DAY 02 | YEAR 2013
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Denise C Kelley
24B. DATE ISSUED: MONTH 09 | DAY 02 | YEAR 2013

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

CERTIFIER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: PAUL L. MARRA | License No.: | Signature: | Month 08 | Day 31 | Year 2013
Certifier's Title: 0 [ ] Attending Physician | 0 [ ] Physician acting on behalf of Attending Physician | 1 [X] Coroner | 2 [ ] Medical Examiner / Deputy Medical Examiner | Address: 112 STATE ST. ALBANY NY 12207
25B. If coroner is not a physician, enter Coroner's Physician's name & title: Michael Sikinica MD | License No.: 222488 | Signature: | Month 08 | Day 31 | Year 2013
25C. If certifier is not attending physician, enter Attending Physician's name & title: | License No.: | Address:
26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year
26B. Deceased last seen alive by attending physician: Month Day Year
26C. Pronounced Dead ON: Month 08 | Day 30 | Year 2013 AT Time 5:15 PM
27. MANNER OF DEATH: NATURAL CAUSE [ ] 1 | ACCIDENT [X] 2 | HOMICIDE [ ] 3 | SUICIDE [ ] 4 | UNDETERMINED CIRCUMSTANCES [ ] 5 | PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [ ] NO | 1 [X] YES
29A. AUTOPSY? NO [X] 0 | YES [ ] 1 | REFUSED [ ] 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 [ ] NO | 1 [ ] YES

CONFIDENTIAL | SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH | CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
PART I. IMMEDIATE CAUSE: (A) Cerebral edema, cerebral contusions | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO OR AS A CONSEQUENCE OF: (B) and large subdural hematoma | Approx 24 hrs
DUE TO OR AS A CONSEQUENCE OF: (C) due to blunt force trauma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): History of atrial fibrillation with anticoagulation and acute ethanol intoxication | DID TOBACCO USE CONTRIBUTE TO DEATH? 0 [X] NO 1 [ ] YES 2 [ ] PROBABLY 3 [ ] UNKNOWN
31A. IF INJURY, DATE: MONTH 08 | DAY 27 | YEAR 2013 | HOUR: Unk
31B. INJURY LOCATION: (Apt. No., Room No., and City or State) Manchester Center Vermont
31C. DESCRIBE HOW INJURY OCCURRED: Fall, striking head and inside home
31D. PLACE OF INJURY: Residence
31E. INJURY AT WORK? NO [X] 0 | YES [ ] 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 [ ] Driver/Operator 2 [ ] Passenger 3 [ ] Pedestrian 4 [ ] OTHER (specify)
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO [ ] 0 YES [ ] 1
33A. IF FEMALE: 0 [ ] Not pregnant within last year | 1 [ ] Pregnant at time of death | 2 [ ] Not pregnant, but pregnant within 42 days of death | 3 [ ] Not pregnant, but pregnant 43 days to 1 year before death | 4 [ ] Unknown if pregnant within past year
33B. DATE OF DELIVERY: MONTH | DAY | YEAR

For use by physician or institution: NAME OF DECEDENT: A Brooks Brown | DATE OF DEATH: 8-30-13 | TIME OF DEATH: 5:15 AM/PM