

CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Maryland Department of Health
Division of Vital Records

Certificate of Death

File Number *32022MD021071*



1. Decedent's Name, AKA Name (if any) STEPHEN MARKS STEPHEN A. MARKS		2. Date of Death 05/11/2022	3. Time of Death 1753
4a. Facility Name GENESIS HEALTHCARE - SEVERNA PARK CENTER		4b. City, Town or Location of Death SEVERNA PARK	4c. County of Death ANNE ARUNDEL
5. Social Security Number 579601955	6. Sex M	7. Age 72 YR	8. Date of Birth 01/16/1950
9. Birthplace DISTRICT OF COLUMBIA		10a. State MARYLAND	
10b. County ANNE ARUNDEL		10c. City, Town or Location ARNOLD	
10e. Address 1235 HARBOR GLEN COURT			10d. Inside City Limits? NO
10f. Zip Code 21012			
11. Marital Status MARRIED	12. Ever in U.S. Armed Forces? NO	13. Hispanic Origin? NO	14. Race WHITE
15. Decedent's Education BACHELOR		16a. Decedent's Usual Occupation BROADCASTER	16b. Business/Industry TV RADIO
17. Father's Name LEONARD MARKS		18. Mother's Name Prior to First Marriage DOROTHY AMES	
19. Surviving Spouse's Name MARY MARKS			
20a. Informant's Name MARY MARKS		20b. Informant's Relationship WIFE	20c. Informant's Mailing Address 1235 HARBOR GLEN COURT, ARNOLD, MARYLAND 21012
21a. Method of Disposition BURIAL	21b. Place of Disposition LAKEMONT MEMORIAL GARDENS	21c. Date of Disposition 05/18/2022	21d. Location 900 WEST CENTRAL AVE., DAVIDSONVILLE, MARYLAND 21035
22a. Signature of Funeral Service Licensee TYLER DAVID CLYMER		22b. License No M01195	22c. Name and Address of Funeral Facility BARRANCO SEVERNA PARK FUNERAL HOME & CREMATION 495 RITCHIE HWY, SEVERNA PARK, MD 21146
23a. Part I. Disease, injuries, or complications that directly caused the death PNEUMONIA			Approximate Interval Between Onset and Death DAYS
Immediate Cause (final disease or condition resulting in death) a. _____ Due to (or as a consequence of):			
Conditions, if any, leading to immediate cause b. _____ Due to (or as a consequence of):			
c. _____ Due to (or as a consequence of):			
d. _____			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause in Part I NECROTIZING FASCIITIS, OSTEOMYELITIS, RIGHT ANKLE AND FOOT, PLEURAL EFFUSION, TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, CHRONIC KIDNEY DISEASE, STAGE 3, PERIPHERAL VASCULAR DISEASE.			23b. Did tobacco use contribute to the cause of death? UNK
24a. Was an autopsy performed? NO	24b. Were autopsy findings available prior to completion of cause of death?	25a. Was case referred to medical examiner? NO	25b. Medical Examiner Countersignature
26. Place of Death NURSING HOME/LTC		27. Manner of Death NATURAL	28a. Date of Injury
			28b. Time of Injury
28c. How Injury occurred		28d. Injury at work?	28e. Transportation Injury?
			28f. Place of Injury
28g. Location of Injury			
29a. Certifier Type PHYSICIAN ASSISTANT		29b. Signature and Title of Certifier VIVIAN DURU, PA	29c. License No C04666
			29d. Date signed 05/13/2022
30a. Name of person who completed cause of death VIVIAN NDIRIKA DURU		30b. Address of person who completed cause of death 7250 PARKWAY DRIVE 500, HANOVER, MARYLAND 21076	

For Office Use Only:

31. Date Filed 05/16/2022	32. Registrar at Filing CRYSTAL D. WEAVER	33. Date Issued 05/17/2022	34. This is to certify that this is a true and correct copy of the official record on file in the office of the Maryland Division of Vital Records. Registrar's Signature <i>Crystal D. Weaver</i>
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DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

