

## 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		10d. Inside City Limits? NO		10e. Address 1235 HARBOR GLEN COURT	
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) Due to (or as a consequence of):					
Conditions, if any, leading to immediate cause Due to (or as a consequence of):					
Due to (or as a consequence of):					
Due to (or as a consequence of):					
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		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 Crystal D. Weaver			

5003135

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL  
OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE