DOH-1961 (8/2011)

RECORDED DISTRICT: 5564
REGISTER NUMBER: 13

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE | NCHS

DECEDENT

1. NAME: FIRST: JOHN | MIDDLE: H. | LAST: KATONAH
2. SEX: MALE [X] 1 | FEMALE [ ] 2
3A. DATE OF DEATH: MONTH: 04 | DAY: 25 | YEAR: 2012
3B. HOUR: 2:00 A m
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA [ ] | HOSPITAL ER [ ] | HOSPITAL OUTPATIENT [ ] | HOSPITAL INPATIENT [ ] | NURSING HOME [ ] | PRIVATE RESIDENCE [ ] | HOSPICE FACILITY [ ] | OTHER (Specify): [X]
4B. IF FACILITY, DATE ADMITTED: MONTH | DAY | YEAR
4C. NAME OF FACILITY: (If not facility, give address) MEAD MOUNTAIN ROAD
4D. LOCALITY: (Check one and specify) CITY [ ] | VILLAGE [ ] | TOWN [X] WOODSTOCK
4E. COUNTY OF DEATH: ULSTER
4F. MEDICAL RECORD NO.:
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO [X] | YES [ ]
5. DATE OF BIRTH: MONTH: 12 | DAY: 31 | YEAR: 1961
6A. AGE IN YEARS: 50 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) BRONX, NY
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 [X] 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: 051-60-7261
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. MARY F. NADELEN
15A. USUAL OCCUPATION: (Do not enter retired) RADIO ENGINEER
15B. KIND OF BUSINESS OR INDUSTRY: COMMUNICATIONS
15C. NAME AND LOCALITY OF COMPANY OR FIRM: SATELLITE 2 INK LLC WALDEN, NY
16A. RESIDENCE: (State or Country if not USA) NY
16B. County or Region/Province if not USA: ORANGE
16C. LOCALITY: (Check one and specify) CITY [ ] | VILLAGE [ ] | TOWN [X] MONTGOMERY
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [ ] | NO [X] | IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 194 RIVER ROAD
16E. ZIP CODE: 12586
MONTGOMERY

PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST: GEORGE | MI: | LAST: KATONAH
18. BIRTH NAME OF MOTHER / PARENT: FIRST: MARGARET | MI: M. | LAST: ROHAN

DISPOSITION

19A. NAME OF INFORMANT: MARY F. KATONAH
19B. MAILING ADDRESS: (Include zip code) 194 RIVER ROAD WALDEN, NY 12586
20A. 1 [ ] BURIAL 2 [X] CREMATION 3 [ ] REMOVAL 4 [ ] HOLD 5 [ ] DONATION 6 [ ] ENTOMBMENT — MONTH: 04 | DAY: 30 | YEAR: 2012
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: CEDAR HILL CREMATORY
20C. LOCATION: (City or town and state) NEWBURGH, NY
21A. NAME AND ADDRESS OF FUNERAL HOME: QUIGLEY BROTHERS FUNERAL HOME, INC. 337 HUDSON ST. CORNWALL-ON-HUDSON, NY 12520
21B. REGISTRATION NUMBER: 01395
22A. NAME OF FUNERAL DIRECTOR: BERNARD L. HAMILTON
22B. SIGNATURE OF FUNERAL DIRECTOR:
22C. REGISTRATION NUMBER: 015726
23A. SIGNATURE OF REGISTRAR: Jacqueline Early
23B. DATE FILED: MONTH: 4 | DAY: 30 | YEAR: 12
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Jacqueline Early
24B. DATE ISSUED: MONTH: 4 | DAY: 30 | YEAR: 12

CERTIFIER

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

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: Douglas Heller, MD | License No.: 182240 | Signature: | Month: 5 | Day: 26 | Year: 2012
Certifier's Title: 0 [ ] Attending Physician | 0 [ ] Physician acting on behalf of Attending Physician | 1 [ ] Coroner | 2 [X] Medical Examiner / Deputy Medical Examiner | Address: 300 Flatbush St. Ste 307, Kingston NY 12401
25B. If coroner is not a physician, enter Coroner's Physician's name & title: | License No.: | Signature: | Month | Day | Year
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: 4 | Day: 25 | Year: 2012 AT Time: 2:00 AM

CAUSE OF DEATH

27. MANNER OF DEATH: NATURAL CAUSE [ ] 1 | ACCIDENT [ ] 2 | HOMICIDE [ ] 3 | SUICIDE [X] 4 | UNDETERMINED CIRCUMSTANCES [ ] 5 | PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [ ] NO | 1 [X] YES
29A. AUTOPSY? NO [ ] 0 | YES [X] 1 | REFUSED [ ] 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 [ ] NO | 1 [X] YES

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

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (A): ASPHYXIATION DUE TO HELIUM INHALATION
DUE TO OR AS A CONSEQUENCE OF: (B)
DUE TO OR AS A CONSEQUENCE OF: (C)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): STEATOSIS OF LIVER
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 [ ] NO | 1 [ ] YES | 2 [ ] PROBABLY | 3 [ ] UNKNOWN

31A. IF INJURY: DATE: MONTH | DAY | YEAR | HOUR:
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO [ ] 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 Physician or Medical Examiner: John H. Katonah
Date of Death: 4/25/12
Name of Decedent: John H. Katonah
Time of Death: 2:00 AM

SAFEGUARD