REG-18
Jun 91

New Jersey State Department of Health
CERTIFICATE OF DEATH

STATE USE ONLY

Items 1 and 2 to be typed Funeral Director

To be printed by Physician

TIME OF DEATH	DATE OF DEATH	NAME OF DECEDENT AS KNOWN BY ATTENDING PHYSICIAN
11 35 pm	6 23 95	James E Goodchild

PHYSICIAN - Please Print:

1. NAME OF DECEASED (First) JAMES (Middle) E (Last) GOODCHILD

2. DATE OF DEATH 6-23-95 | 3. SEX M | 4. DATE OF BIRTH 1-3-28 | 5a. AGE - Last Birthday (yrs.) 67 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes

6. SOCIAL SEC. NO. 130-20-6910

7a. PLACE OF DEATH HOSPITAL: ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA OTHER: ☐ NURSING HOME ☒ RESIDENCE ☐ OTHER (Specify)

7b. FACILITY NAME (If not institution, give street and no.) 28 OAK TREE LANE | 7c. CITY/TOWN OR LOCATION SPARTA | 7d. COUNTY SUSSEX

8a. RESIDENCE - (State) NJ | 8b. COUNTY SUSSEX | 8c. CITY OR TOWN SPARTA | 8d. STREET AND NUMBER 28 OAK TREE LANE | 8e. INSIDE CITY LIMITS? ☒ YES ☐ NO | 8f. ZIP CODE 07871

9. BIRTHPLACE (City & State, or Foreign Country) NYC NY | 10a. DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO | 10b. IF YES, WAR: DATES (From/To): | 11. MARITAL STATUS ☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

12. SURVIVING SPOUSE (If Wife, Maiden Name) MARGARET | 13. USUAL OCCUPATION (Kind of work done most of life, even if retired) DOORMAN | 14. KIND OF BUSINESS OR INDUSTRY UNIONIST

15. NAME AND ADDRESS OF LAST EMPLOYER LOCAL 32 B-32J EMPLOYEES INTERNATIONAL UNION AFL-CIO N.Y.

16. RACE 1 ☒ WHITE 2 ☐ BLACK 3 ☐ AMER. INDIAN 4 ☐ OTHER (Specify): | 17. OF HISPANIC ORIGIN? IF YES, SPECIFY: ☐ YES ☒ NO 1 ☐ MEXICAN 2 ☐ PUERTO RICAN 3 ☐ CUBAN 4 ☐ CENT./SO. AMERICA 5 ☐ OTHER (Specify): | 18. DECEDENT'S EDUCATION Highest Grade Completed 10 th

19. NAME OF FATHER (First) EDWARD (Middle) (Last) GOODCHILD | 20. MAIDEN NAME OF MOTHER (First) JOSEPHINE (Middle) (Last) WALSH

21a. NAME OF INFORMANT JOAN MONAT | 21b. RELATIONSHIP SISTER | 22a. DISPOSITION ☒ BURIAL ☐ CREMATION ☐ ENTOMBMENT ☐ OTHER (Specify):

22b. NAME OF CEMETERY OR CREMATORY JERSEY CITY CEMETERY | 22c. CITY OR TOWN JERSEY CITY | 22d. STATE NJ

23a. NAME AND ADDRESS OF FUNERAL HOME SMITH-McCRACKEN 63 HIGH ST NEWTON NJ

23b. SIGNATURE OF FUNERAL DIRECTOR Robert G McCracken | 23c. N.J. LICENSE NO. 3640 | 24a. SIGNATURE OF LOCAL REGISTRAR [signature] Deputy | 24b. DATE RECEIVED 6/26/95

25a. TIME OF DEATH 11 35 PM | 25b. DATE AND HOUR PRONOUNCED DEAD DATE: 6-23-95 HOUR: 11 35 PM

Complete Items 25c-d only when certifying physician is not available at time of death to certify cause of death.

25c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT TIME, DATE, AND PLACE INDICATED. SIGNATURE OF PRONOUNCER (If different than certifier): [signature] RN | 25d. DATE SIGNED 6 23 95

PART II: Other significant conditions - contributing to death but not related to underlying cause in PART I.

27. IF FEMALE, WAS SHE PREGNANT AT DEATH, OR ANY TIME 90 DAYS PRIOR TO DEATH? ☐ YES ☐ NO | 28. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

29. DEATH DUE TO: ☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED | 30a. DATE OF INJURY | 30b. TIME OF INJURY M | 30c. INJURY AT WORK? ☐ YES ☐ NO | 30d. DESCRIBE HOW INJURY OCCURRED

30e. PLACE ☐ STREET ☐ OTHER (Specify): ☐ HOME ☐ OFFICE BUILDING ☐ FARM ☐ FACTORY

30f. LOCATION OF INJURY (Number and Street) | 30g. CITY AND COUNTY | 30h. STATE

31a. NAME AND ADDRESS OF CERTIFIER NICK P DEBITETTO. 135 NEWTON SPARTA RD NEWTON NJ 07860 | ☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER ☐ PRONOUNCER AND CERTIFIER

31b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE. SIGNATURE OF CERTIFIER [signature] | 31c. DATE SIGNED 5/24/95

STATE USE ONLY
D/OCC
CAUSE
PLACE OF ACC.
LOSS CLASS.

H-4298

DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE SPARTA HEALTH DEPARTMENT IS AFFIXED HEREON

SPARTA DEPARTMENT OF HEALTH, SPARTA, NEW JSERSEY

Under my hand and department seal, I certify that this is a true photostatic reproduction from an image of the original record.

7/19/95 [signature]
Ralph J. D'Aries