	I. NAME OF DECEASED IFWELL	CE	RTIFICATE OF	DEATH				8
	(Middle) (Lest)						STA	TE USE ONLY
Hems 1 and 2 to be typed by Funeral Director	I. OA EOPERACE IL		1				314	IE USE ONLY
oy runara Director	1. DATE OF GEATH.	EX 4. DATE OF BIRTH	Se AGE - Last B	ith- Sb. UNDER	VEAD Hare			
	5 SOCIAL SEC NO 997	E 2/26/1	day (yis)		Se. U	WER I DAY		
To he printed by	8. SOCIAL SECINO	F 3/26/eb	1 81 BI	Months	Days H	ours Minus	<del></del>	
Physician	040 00 1-	l HOSPII	AL:					
	76 FACE IT NAME III AS TO STITE	I DINPA	TIENT DER/OUT		DOA DNI	r: Rsing homi		
				7c. CITY.	TOWN OR LOCATION	NSING HOW	74. COUNTY	OTHER (Specify)
_	Be RESIDENCE TO BE COURSE	Fial Hogal	1	37			70.000111	
4.0	(State)	32	CITY OR TOWN	80.	STHEET AND NUMBER		SILO OY	
	NJ Susae	x E	ranklin				Se. INSIDE CITY LIN	SI. ZIP CODE
18 2 18 2 18 2 18 2 2 2 2 2 2 2 2 2 2 2	9. BIRTHPLACE ICITY & State, or For	reign Country) 10e DEC	EDENT EVER IN U.S. ARME	D lion is ves v	6 Wildcat	Road	Q YES ON	10 07416
Ö	Hoboken, NJ	1		DATES IF	rom/Toh		11. MARITAL STATE	)S U/410
	12. SURVIVING SPOUSE IN WILE, M	laiden Name)	TYES DNO				D NEVER MA	RRIED DWIDO
6			13 USUAL OCCUPATION	(Kind of work done )	nost of his, even if ratice	d)	14. KIND OF BUSINESS OR	OVIO LI
0	18 NAME AND ADDRESS OF LAST		Homemaker					NO CATAL
	TO AUDICESS OF LAST	EMPLOYER	THE STATE OF THE S				Own Home	
011								
2 Z	18 RACE 3 AM	ER. INDIAN	17. OF HISPANIC ORIGINAL IF YES, SPECIFY:	BIN?	Arriva			
OATE OF DEA	Z D BLACK	ER (Specify):	i	30	MEXICAN CUBAN	2[] PU	ERTO RICAN NT./SO. AMERICA	18. DECEDENT'S EDUCA Highest Grade Comp
🎉 📙	9. NAME OF FATHER (First)	(Middle)	TYES INO	5 🗆	OTHER (Specify)		NI./SU. AMERICA	Sudivest diside Comb
			(Case)		O MAIDEN NAME OF	AOTHER (Firet)	(Middle)	(Last)
1 2	To NAME OF INFORMANT		- Goodch11	a		_		
1 111				216. RELATIONS	нір ————	Ohanna Disposit	wal	sh
	Mrs. Dorothy C	offey		-		I W BURIAI	CREMATION	□ ENTOMBM
	IB. NAME OF CEMETERY OR CREM.	YROTA		Daught	22c. CITY OR TO	DOTHER	(Specify):	
	North Hardwata	.m. (1			120.077.07	V.1		22d. STATE
23	North Hardyston Cometery 238. NAME AND ADDRESS OF FUNERAL HOME Hardyston Twp.							N.T
								U.
23	B. SIGNATURE OF FUNERAL DIRECT	Funeral H	ome, One Ma	du Stra	or Promis			
	VIVE	/ <u>`</u> /}	73c. N.J. LICI	NSE NO.	the signature which	CAC REGISTARIA	<del>-07416</del>	24h DATE RECEIVED
	A COLARY	resturd-	2060		K	3()		
	I TIME OF DEATH	256. DATE AND H	OUR PRONOUNCED DEAD		-11-11-tre	V 777	non	12/24/1
1 02		M DATE:	0/20	10	0		1	`
OHARA 2 9 5	omplete Items 25c-donly when	certifying physi- 25	. TO THE DEST OF MY KN	WLEDGE, DEATH	HÖL	R:	1840	80 N
E OHAR	lan is not available at time of ause of death.		IGNATURE OF PRONOUS	CER	ر کار انداز کار انداز کار انداز کار انداز کار انداز کار انداز کار	re, ANU PLACE IN	IDICATED.	25d. DATE SIGNED
Ž 26.	PART I:	IMMEDIATE CAUSE (En	f different then certifier):		Mu	and the same	Enn	2/2/6
E	MEDIATE CAUSE (Final	respiratory arrest, shock	ter the diseases, injuries or or heart failure. List only o	one gauss on each t	caused the death. Do no ins.)	enter the mode of	thing, such as cardiac or	INTERVAL BETWEEN C
15, 11 1 01	sease or condition result-	DUE TO OR AS A CONS	ONIC	Leuk	emia			SEI AND DEATH
ミラ lin	g in death). Sequentially	DOE TO OR AS A CONS	EQUENCE OF:		mand the first them			1m
رمنا القمة على ال	st conditions, if any, lead- g to immediate cause.	b.						
F I≺ O I I En	nter UNDERLYING CAUSE	DUE TO OR AS A CONS	QUENCE OF	-				
- IC 4 1 1 1	isease or injury that in-	c.						
itie	ated events resulting in ath) LAST.	DUE TO OR AS A CONSE	QUENCE OF:					
NAME OF DI	attif LAST.	1 .						
PART	Il: Other significant conditions - cor	d.	-dated					
£ [3]		to death but high	related to mudelihing cense	in PART I,				
1 1								
E USE ONLY	IF FEMALE, WAS SHE PREGNANT AT DEATH. OR ANY TIME 90 DAYS PRIDE TO DEATH?							
c	□ YES \$240						8. WAS AUTOPSY PERFORME	.07
111	ATH DUE TO:	30a.		Ob. TIME OF INJUR			☐ YES	<b>™</b> NO
	NATURAL PEND ACCIDENT VEST	ING IN-		ou. Time or hison			04. DESCRIBE HOW INJURY O	CCURRED
	SUICIDE COUL		LACE	HOME	□ FAR	□ NO		
	HOMICIDE DETE	RMINED HS		OFFICE BUIL	DING FAC			
ACC. 30/. LO	CATION OF INJURY (Number and S	(Contract)	THER (Spacify):	g. CITY AND COUN	· · · · · <del>-</del>			
			130	M. CHT AND COUN	₹T		[3	Oh. STATE
ASS 310 NA	AME AND ADDRESS OF CERTIFIER							
B	UNINAN	1/11/11	SET MI	2		170	T CERTIEVING	DUVEICIAN
	123 NOUS	ON C.	CAUSES LISTED ABOVE	4	<i>.</i>	486	C CERTIFYING	PHISICIAN AMINER
1 315. 70	THE BEST OF MY KNOWLEDGE	ATHOCCURRED OUT TO	CAUSES LISTED ABOVE	(151)	ALEKI	ONA	PRONOUNCE	R AND CERTIFIE
	ATURE 2							