

CERTIFICATE OF DEATH

8

Items 1 and 2 to be typed by Funeral Director

To be printed by Physician

DATE OF DEATH: 2/20/1997 18:40
 NAME OF DECEASENT AS KNOWN BY ATTENDING PHYSICIAN: FLORENCE OHARA

1. NAME OF DECEASED (First) Florence		(Middle)		(Last) O'Hara		STATE USE ONLY	
2. DATE OF DEATH 2/20/1997		3. SEX F	4. DATE OF BIRTH 2/26/1915	5a. AGE - Last Birth. day (yrs) 81	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	
6. SOCIAL SEC. NO. 063-20-4505		7a. PLACE OF DEATH Newton Memorial Hospital		7b. FACILITY NAME (if not Institution, give street and no.) Newton Memorial Hospital		7c. CITY/TOWN OR LOCATION Newton	
7d. COUNTY Sussex		7e. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO		7f. ZIP CODE 07416			
8. BIRTHPLACE (City & State, or Foreign Country) Hoboken, NJ		9. DECEASENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. IF YES, WAR DATES (From/To) _____		11. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	
12. SURVIVING SPOUSE (If Wife, Maiden Name) _____		13. USUAL OCCUPATION (Kind of work done most of life, even if retired) Homemaker		14. KIND OF BUSINESS OR INDUSTRY Own Home			
15. NAME AND ADDRESS OF LAST EMPLOYER _____		16. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> AMER. INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> OTHER (Specify): _____		17. OF HISPANIC ORIGIN? IF YES, SPECIFY: <input type="checkbox"/> YES <input type="checkbox"/> NO		18. DECEASENT'S EDUCATION Highest Grade Completed 12	
19. NAME OF FATHER (First) (Middle) (Last) Edward Goodchild		20. MAIDEN NAME OF MOTHER (First) (Middle) (Last) Johanna Walsh		21. NAME OF INFORMANT Mrs. Dorothy Coffey		21b. RELATIONSHIP Daughter	
22a. NAME AND ADDRESS OF FUNERAL HOME North Hardyston Cemetery		22b. NAME OF CEMETERY OR CREMATORY Hardyston Twp.		22c. CITY OR TOWN NJ		22d. STATE NJ	
23a. NAME AND ADDRESS OF FUNERAL HOME F. John Ramsey Funeral Home, One Main Street, Franklin, NJ		23b. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		23c. N.J. LICENSE NO. 3960		24. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
24. DATE RECEIVED 2/24/97		25a. TIME OF DEATH 1840 PM		25b. DATE AND HOUR PRONOUNCED DEAD 2/20/97 1840		25c. SIGNATURE OF PRONOUNCER <i>[Signature]</i>	
25d. DATE SIGNED 2/21/97		26. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. Chronic Leukemia		25e. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT TIME, DATE, AND PLACE INDICATED. INTERVAL BETWEEN ONSET AND DEATH 1 yr.			
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29. DEATH DUE TO: <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		30a. DATE OF INJURY 2/20/97	
30b. TIME OF INJURY M		30c. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		30d. DESCRIBE HOW INJURY OCCURRED _____			
30e. PLACE <input type="checkbox"/> STREET <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> FARM <input type="checkbox"/> OTHER (Specify): _____ <input type="checkbox"/> FACTORY		30f. LOCATION OF INJURY (Number and Street) _____		30g. CITY AND COUNTY Newton NJ		30h. STATE NJ	
31a. NAME AND ADDRESS OF CERTIFIER BORDAN E. HALIBET MD		31b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE 103 NEW YORK SQUARE RD NEWTON NJ		31c. SIGNATURE OF CERTIFIER <i>[Signature]</i>		31d. DATE SIGNED 2/21/97	

STATE USE ONLY

ND/OCC

CAUSE

PLACE OF ACC.

CROSS CLASS