

**NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER

1-8-1958 5778
 COUNTY TRACT
 DISTRICT

STATISTICAL DISTRICT
 BC. 2702
 SS. 7096

REGISTRATION DISTRICT
2902
 REGISTRATION NUMBER
267

1 NAME: FIRST **WINIFRED** MIDDLE LAST **DOWLING** 2 SEX: MALE FEMALE 3A DATE OF DEATH: MONTH **6** DAY **8** YEAR **77** 3B HOUR **M.**

4 RACE: WHITE BLACK AMERICAN INDIAN OTHER (SPECIFY) **White** 5 AGE: **65** YEARS 6 IF UNDER 1 YEAR: MONTHS _____ DAYS _____ 6A IF UNDER 1 DAY: HOURS _____ MINUTES _____ 7 DECEDENT BORN: MONTH **10** DAY **5** YEAR **1911** 7 VETERAN OF U. S. ARMED FORCES? NO YES IF YES, SPECIFY WAR (1R DATES OF SERVICE)

8A COUNTY OF DEATH **Nassau** 8B LOCALITY (CHOOSE ONE AND SPECIFY): CITY OF **Long Beach** TOWN OF _____ VILLAGE OF _____ 8C HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS) **Memorial Hospital** 8D IF IN HOSPITAL (CHOOSE ONE): I. I. O. A. II. EMERGENCY ROOM III. OUTPATIENT DEPARTMENT 8E IF INPATIENT, ADVANCE DATE: MONTH _____ DAY _____ YEAR _____

9 STATE OF BIRTH (COUNTRY IF NOT USA) **N.Y.** 10 COUNTRY OF BIRTH (COUNTRY) **U.S.A.** 11 MARRIAGE STATUS (CHOOSE ONE): NEVER MARRIED MARRIED WIDOWED DIVORCED 12 SURVIVING SPOUSE (IF DEPT. GIVE MAIDEN NAME)

13A USUAL OCCUPATION (IF RETIRED) **WATRESS-RET. REST.** 13B KIND OF BUSINESS OR INDUSTRY **REST.** 13C SOCIAL SECURITY NUMBER **115-03-3487** 14 EDUCATION: INDICATE HIGHEST GRADE COMPLETED: **8 YRS** ELEMENTARY OR SECONDARY COLLEGE (1-4 OR 5+)

15A STATE **N.Y.** 15B COUNTY **QUEENS** 15C LOCALITY (CHOOSE ONE AND SPECIFY): CITY OF **NEW YORK** TOWN OF _____ VILLAGE OF _____ 15D IF CITY OR VILLAGE, WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN

16E STREET AND NUMBER **37-25 81 ST. STREET** 17A NAME OF FATHER: FIRST **JOSEPH** MIDDLE LAST **MC CABE** 17B MAIDEN NAME OF MOTHER: FIRST **WINIFRED** MIDDLE LAST **MULDOON**

17A NAME OF THE DECEASED: **JOHN DOWLING** 17B MAIDEN ADDRESS (INCLUDE ZIP CODE) **5 STANLEY PL. BUDD LAKE N.J.**

18A BURIAL, CREMATION, REMOVAL: BURIAL CREMATION REMOVAL 18B PLACE OF BURIAL, CREMATION OR REMOVAL: **LI NATIONAL CEM. FARMINGDALE N.Y.** 18C LOCATION (CITY OR TOWN, STATE)

19A NAME AND ADDRESS OF FUNERAL HOME: **WALTER B. COOK INC. 80-20 ROOSEVELT AVE. N.Y.** 19B REGISTRATION NO. **00485** 19C NAME OF FUNERAL DIRECTOR: **PETER F. TEDESCO** 19D SIGNATURE OF FUNERAL DIRECTOR: *Peter F. Tedesco* 19E REGISTRATION NO. **05553**

20A SIGNATURE OF REGISTRAR: *Verdelle F. Fisher Deputy* 20B DATE SIGNED: **6 9 77** 20C BUREAU OR REMOVAL PERMIT ISSUED BY: *Verdelle F. Fisher Deputy* 20D DATE ISSUED: **6 8 77**

TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY -OR- TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY

21A TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED: MONTH _____ DAY _____ YEAR _____ 21B SIGNED: **Manuel Elguera** TITLE **DME** 21C THE PHYSICIAN ATTENDED THE DECEASED: FROM: MONTH _____ DAY _____ YEAR _____ TO: MONTH _____ DAY _____ YEAR _____ 21D LAST SEEN ALIVE: MONTH _____ DAY _____ YEAR _____ 21E B. PRONOUNCED DEAD: MONTH **6** DAY **8** YEAR **77** AT **9:50 A.** M. 21F C. HOUR: **6 8 77** 21G D. DATE SIGNED: MONTH **6** DAY **8** YEAR **77** 21H NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER 21I NAME OF CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER

22 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR): **MANUEL ELGUERA, M.D., P.O. BOX #160, East Meadow, New York 11554**

23 DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET & DEATH

PART 1. IMMEDIATE CAUSE
 (A) **Advanced carcinoma of the esophagus.**
 DUE TO, OR AS A CONSEQUENCE OF:
 (B) _____
 DUE TO, OR AS A CONSEQUENCE OF:
 (C) _____

FOR GENEALOGICAL RESEARCH ONLY

PART 2. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART 1 (A)
Arteriosclerotic heart disease. 23A AUTOPSY? YES NO 23B IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES NO

27A SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION 27B DATE OF INJURY: MONTH _____ DAY _____ YEAR _____ 27C HOUR OF INJURY 27D DESCRIBE HOW INJURY OCCURRED 27E INJURY AT WORK? YES NO 27F PLACE OF INJURY (HOME, FACTORY, OFFICE, BUS, ETC.) 27G LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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