[redacted]

Fax

To:	William Long	**From:**	Chapey & Sons Funeral Home
Fax:	831-854-9202	**Date:**	February 5, 2009
Phone:	410-721-9728	**Pages:**	2 including Cover Sheet
Re:	Jeanne Martinek Death Certificate	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments: Mr. Long, Please let us know if we can do anything else to help.

Meagan

DOH-1961 (10/2005)

REGISTRAR DISTRICT: 3127
REGISTER NUMBER: 198

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. NAME: FIRST Jeanne (JEANNE) MIDDLE E. LAST Martinek (MARTINEK)
2. SEX: MALE ☐ FEMALE ☒
3A. DATE OF DEATH: MONTH 01 DAY 20 YEAR 2009
3R. HOUR: 11:07 p.m.

4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ☐ HOSPITAL ER ☒ HOSPITAL OUTPATIENT ☐ HOSPITAL INPATIENT ☐ NURSING HOME ☐ PRIVATE RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER (Specify) ☐
4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR

4C. NAME OF FACILITY: (If not facility, give address) Good Samaritan Hospital
4D. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☒ Islip
4E. COUNTY OF DEATH: Suffolk

4F. MEDICAL RECORD NO.: 0902002
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ YES ☐

5. DATE OF BIRTH: MONTH 11 DAY 04 YEAR 1916
6A. AGE IN YEARS: 92 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) Bridgeport, CT
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒ YES ☐
9. DECEDENT OF HISPANIC ORIGIN? (Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino) A ☒ 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 ☒ 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 ☐ High school graduate or GED; 4 ☐ Some college credit, but no degree; 5 ☐ Associate's degree; 6 ☒ Bachelor's degree; 7 ☐ Master's degree; 8 ☐ Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: 057-16-8199
13. MARITAL STATUS: NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☒ DIVORCED ☐ SEPARATED ☐
14. SURVIVING SPOUSE: (Enter name if married or separated. If surviving spouse is wife, enter maiden name.)

15A. USUAL OCCUPATION: (Do not enter retired) Homemaker
15B. KIND OF BUSINESS OR INDUSTRY: Domestic
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Own Residence

16A. RESIDENCE: (State or Country if not USA) New York
16B. County or Region/Province if not USA: Suffolk
16C. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☒ TOWN ☐ West Islip
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ☐ NO ☒ IF NO, SPECIFY TOWN:

16D. STREET AND NUMBER OF RESIDENCE: 7 Oak Neck Lane
16E. ZIP CODE: 11795
Islip

17. NAME OF FATHER: FIRST Michael MI LAST Kapey
18. MAIDEN NAME OF MOTHER: FIRST Anelia MI LAST Stanak

19A. NAME OF INFORMANT: Claire J. Long
19B. MAILING ADDRESS: (Include zip code) 1720 Wickham Way, Crofton, MD 21114

DISPOSITION

20A. 1 ☒ BURIAL 2 ☐ CREMATION 3 ☐ ENTOMBMENT 4 ☐ HOLD 5 ☐ DONATION 6 ☐ OTHER: DATE: MONTH 01 DAY 24 YEAR 2009
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Mt. St. Mary's Cemetery
20C. LOCATION: (City or town and state) Flushing, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: Fredrick J. Chapey & Sons, 1225 Montauk Hwy., West Islip, NY 11795
21B. REGISTRATION NUMBER: 00632

22A. NAME OF FUNERAL DIRECTOR: John A. Bernius, Jr.
22B. SIGNATURE OF FUNERAL DIRECTOR:
22C. REGISTRATION NUMBER: 00270

23A. SIGNATURE OF REGISTRAR: Brian J. Foulke
23B. DATE FILED: MONTH 01 DAY 23 YEAR 2009
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Brian J. Foulke
24B. DATE ISSUED: MONTH 01 DAY 23 YEAR 2009

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: Stephen Bornhorst
License No.: 182204
Signature:
Month 1 Day 22 Year 2009
Certifier's Title: 0 ☐ Attending Physician; 1 ☐ Coroner; 2 ☐ Medical Examiner / Deputy Medical Examiner; 9 ☐ Physician acting on behalf of Attending Physician
Address: West Islip, NY

25B. If coroner is not a physician, enter Coroner's Physician's name & title:
License No.:
Signature:
Address:

25C. If certifier is not attending physician, enter Attending Physician's name & title:
License No.:
Address:

25A. Attending physician attended deceased: from Month 12 Day 17 Year 2008 to Month 1 Day 20 Year 2009
25B. Deceased last seen alive by attending physician: Month 1 Day 19 Year 2009
24C. Pronounced Dead: Month 1 Day 20 Year 2009 at 11:07 P.M.

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

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

CAUSE OF DEATH

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) Cardiopulmonary arrest — Seconds
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): pericardial effusion, Hypertension

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:
32. WAS DECEDENT
33A. IF FEMALE:
33B. DATE OF INJURY:

DATE OF DEATH AM PM
E OF DECEDENT
OF