

CERTIFICATE OF DEATH

5154 REGISTER NUMBER 178 RESIDENCE

1. NAME: FIRST JEANNE MIDDLE E. LAST MARTINEK 2. SEX: MALE 1 FEMALE 2 3A. DATE OF DEATH: MONTH 01 DAY 20 YEAR 2009 3B. HOUR: 11:07 P.M.

4A. PLACE OF DEATH: HOSPITAL DOA ER 1 HOSPITAL OUTPATIENT 2 HOSPITAL INPATIENT 3 NURSING HOME 4 PRIVATE RESIDENCE 5 HOSPICE FACILITY 6 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 1 YES 2

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 1 YES 2 9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A 1 No, not Spanish/Hispanic/Latino B 2 Yes, Mexican, Mexican American, Chicano C 3 Yes, Puerto Rican D 4 Yes, Cuban E 5 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 1 White/Caucasian B 2 Black or African American C 3 Asian Indian D 4 Chinese E 5 Filipino F 6 Japanese G 7 Korean H 8 Vietnamese J 9 Native Hawaiian K 10 Guamanian or Chamorro M 11 Samoan N 12 American Indian or Alaska Native (specify) P 13 Other Asian (specify) R 14 Other Pacific Islander (specify) S 15 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 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 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 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 16E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES 1 NO 2 IF NO, SPECIFY TOWN:

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

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

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

20A. 1 BURIAL 2 CREMATION 3 REMOVAL MONTH 01 DAY 24 YEAR 2009 4 HOLD 5 DONATION YEAR 6 ENTOMBMENT 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: [Signature] 22C. REGISTRATION NUMBER: 00270

23A. SIGNATURE OF REGISTRAR: [Signature] 23B. DATE FILED: MONTH 01 DAY 23 YEAR 2009 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature] 24B. DATE ISSUED: MONTH 01 DAY 23 YEAR 2009

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 BERNHARTS License No.: 102204 Signature: [Signature] Month 1 Day 22 Year 2009

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

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

26A. Attending physician attended deceased: FROM Month 12 Day 17 Year 2008 TO Month 1 Day 20 Year 2009 26B. Deceased last seen alive by attending physician: Month 1 Day 20 Year 2009 26C. Pronounced Dead ON Month 1 Day 20 Year 2009 AT Time 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? NO 1 YES 2 29A. AUTOPSY? NO 1 YES 2 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO 1 YES 2

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) Cardiopulmonary arrest (B) DUE TO OR AS A CONSEQUENCE OF: (C) DUE TO OR AS A CONSEQUENCE OF: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Seconds

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? 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 1 YES 2

31F. IF TRANSPORTATION INJURY, SPECIFY: 1 Driver/Operator 2 Passenger 3 Pedestrian 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO 1 YES 2 33A. IF FEMALE: 0 Not pregnant within last year 1 Pregnant at time of death 2 Not pregnant, but pregnant within 42 days of death 33B. DATE OF DELIVERY: MONTH DAY YEAR

NAME OF DECEDENT: TIME OF DEATH: AM/PM

For use by physician or institution:

DECEDENT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

IN REBY CERTIFICATE NO. 1
IS A TRUE AND CORRECT COPY

Regina v. Duffy

REGISTRAR