



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

DOM-1361 (10/2005)

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

RECEIVED DISTRICT 5157 REGISTER NUMBER 1718

RESIDENCE

1. NAME-FIRST JEANNE MIDDLE E. LAST Martinek 2. SEX- MALE FEMALE 3A. DATE OF DEATH- 01 20 2009 3B. HOUR- 11:07 P.

4A. PLACE OF DEATH: HOSPITAL (Check one) HOSPITAL INPATIENT HOSPITAL OUTPATIENT 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

5A. DATE OF BIRTH: MONTH DAY YEAR 11 04 1916 5B. AGE IN YEARS: 92 yr 5C. IF UNDER 1 YEAR ENTER: month day 5D. 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:

6. SERVED IN U.S. ARMED FORCES? (Specify year) NO YES 9. DECEDENT OF HISPANIC ORIGIN? (Check one and 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 boxes 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) O. Other Asian (Specify) P. Other Pacific Islander (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 16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:

16E. STREET AND NUMBER OF RESIDENCE: 7 Oak Neck Lane 16F. ZIP CODE: 11795 16G. 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. RURAL 2. CREMATION 3. CREMATION MONTH 4. HOLD DAY 5. BURIAL YEAR 6. BURIAL MONTH 01 24 2009 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Mr. 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. REGISTRATION NUMBER: 00270

23A. SIGNATURE OF REGISTRAR: Thomas Froulle 23B. DATE FILED: MONTH DAY YEAR 01 23 2009 23C. SIGNATURE OF FUNERAL DIRECTOR: Thomas Froulle 23D. DATE ISSUED: MONTH DAY YEAR 01 23 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 BORNHANTS License No.: 162204 Signature: [Signature] Month Day Year 1 22 2009

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

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

25D. Attending physician attended deceased: from Month Day Year 12 17 2008 to Month Day Year 1 20 2009 25E. Decedent last seen alive by attending physician: Month Day Year 1 29 2009 25F. Pronounced dead: Month Day Year 1 20 2009 at 11:07 P

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDERDetermined CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES-REFUSED 29A. AUTOPSY? NO YES-REFUSED 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES

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: 30B. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 seconds

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): pericardial effusion, Hypertension 31D. TOBACCO USE CONTRIBUTIVE TO DEATH? NO YES 31E. INJURY AT WORK? NO YES

31A. IF INJURY DATE: MONTH DAY YEAR 31B. INJURY LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES

32. WAS DECEDENT 33A. IF FEMALE 33B. DATE OF FBI COPY

DATE OF DEATH AM PM DATE OF DEATH OF DECEASED

CAUSE OF DEATH

DISPOSITION

DECEDENT

CERTIFIER

CANCER

OCOD

OS

OR

31B

31

20

25

51

7B

7A

4E

4D

4C

4B

4A

3B

3A

2

1

RESIDENCE

RECEIVED DISTRICT

REGISTER NUMBER

STATE FILE NUMBER

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CHAPEY&SONS W.I.

6316615672

02/05/2009 11:53

DOM-1361 (10/2005)