

New York State Department of Health
OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

Dist. No. 8951
To be inserted by registrar

Registered No. _____

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Nassau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New York</u>	
b. TOWN <u>North Hempstead</u>		b. COUNTY <u>Queens</u>	c. TOWN <u>Little Neck</u>
c. CITY OR VILLAGE <u>Manhasset</u>		d. CITY OR VILLAGE <u>N. Y. C.</u> <small>Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></small>	
e. LENGTH OF STAY IN TOWN, CITY OR VILLAGE <u>3 days</u>		e. STREET ADDRESS <u>249-32 Beechknoll Ave</u>	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Manhasset Medical Center Hosp</u>		f. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>Michael Kapey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 22 19 62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Nellie Kapey</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>	
9. DATE OF BIRTH <u>Nov 30 1888</u>		10. AGE (In years last birthday) <u>74</u> <small>IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.</small>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tailor</u>	
13b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>		15. MOTHER'S MAIDEN NAME <u>Pawlina Szmata</u>	
14. FATHER'S NAME <u>Antoni Kapey</u>		18. INFORMANT'S NAME <u>Nellie Kapey</u> ADDRESS <u>Little Neck</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>115-26-7467</u>	
19. CAUSE OF DEATH (Enter only one cause on a line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>7 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a) <u>Uremia Diabetes.</u>			20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.)	
21c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		21f. WHERE DID INJURY OCCUR? City or town County State	
21d. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work at Work		21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22 I hereby certify that I attended the deceased from <u>12/19</u> , 19 <u>62</u> , to <u>12/22</u> , 19 <u>62</u> , that I last saw the deceased alive on <u>12/22</u> , 19 <u>62</u> , and that death occurred at <u>12</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Michael Blumberg</u> Degree or title		23b. ADDRESS <u>1574 Northern Blvd Manhasset</u>	
23c. DATE SIGNED <u>12/22 1962</u>		24a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mt St Marys Cemetery, Flushing, N.Y.</u>	
24b. DATE <u>Dec 26 1962</u>		25a. SIGNATURE, ADDRESS OF UNDERTAKER REGISTRATION NO. <u>Little Neck Play, L.N.</u>	
25b. NAME OF ESTABLISHMENT <u>Doyle B. Shaffer, Inc.</u> REGISTRATION NO. <u>D03753</u>		26a. DATE FILED BY LOCAL REG. <u>12-24-62</u>	
26b. SIGNATURE OF REGISTRAR <u>Charles L. McKee Jr.</u>		Date of issue <u>December 24 1962</u>	
Burial or Transit } Permit issued by <u>Charles L. McKee Jr. sub Registrar</u>			

I, WILLIAM H. RYAN, JR., Registrar of Vital Statistics in and for the Town of North Hempstead, Nassau County, New York, do hereby certify that the above is a true and exact transcript of a copy of a registered certificate of death of MICHAEL KAPEY, as contained in the Town Records.

In Testimony Whereof, I have hereunto set my hand and affixed the official seal of the Town this 24 day of December 19 62 at Manhasset, New York.

Wm H Ryan Jr
Registrar of Vital Statistics

TC-VB-116-1M 6-61