DOH-1961 (8/2011)

RECORDED DISTRICT 2901

REGISTER NUMBER 227

RESIDENCE

NCHS

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. NAME: FIRST John MIDDLE M. LAST Simon

2. SEX: MALE [X] 1 FEMALE [ ] 2

3A. DATE OF DEATH: MONTH 6 DAY 27 YEAR 2013

3B. HOUR: 6:30 Am

4A. PLACE OF DEATH: (Check one) HOSPITAL DOA [ ] ER [ ] HOSPITAL OUTPATIENT [ ] HOSPITAL INPATIENT [ ] NURSING HOME [ ] PRIVATE RESIDENCE [X] HOSPICE FACILITY [ ] OTHER (Specify): [ ]

4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR

4C 4C. NAME OF FACILITY: (If not facility, give address) 6 Edwards Lane Glen Cove,NY 11542

4D. LOCALITY: (Check one and specify) CITY [X] VILLAGE TOWN [ ] Glen Cove

4E. COUNTY OF DEATH: Nassau

4G 4F. MEDICAL RECORD NO.

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO [X] YES [ ]

5. DATE OF BIRTH: MONTH 04 DAY 25 YEAR 1922

6A. AGE IN YEARS: 91 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) New York, NY

7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO [ ] 0 YES [X] 1 — 1942-45

9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.
A [X] 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 [X] 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 [X] Associate's degree 6 [ ] Bachelor's degree
7 [ ] Master's degree 8 [ ] Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: 015-16-5808

13. MARITAL STATUS: NEVER MARRIED [ ] 1 MARRIED [X] 2 WIDOWED [ ] 3 DIVORCED [ ] 4 SEPARATED [ ] 5

14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. Vicki Claireaux

15A. USUAL OCCUPATION: (Do not enter retired) Chairman

15B. KIND OF BUSINESS OR INDUSTRY: Textiles

15C. NAME AND LOCALITY OF COMPANY OR FIRM: Veratex Inc, New York, NY

16A. RESIDENCE: (State or Country if not USA) New York

16B. County or Region/Province if not USA: Nassau

16C. LOCALITY: (Check one and specify) CITY [X] VILLAGE [ ] TOWN [ ] Glen Cove

16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? [ ] YES [X] NO IF NO, SPECIFY TOWN: Glen Cove

16D. STREET AND NUMBER OF RESIDENCE: 6 Edwards Lane

16E. ZIP CODE: 11542

PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST Samuel MI LAST Simon

18. BIRTH NAME OF MOTHER / PARENT: FIRST Lizzie MI LAST Dichner(Duchman)

19A. NAME OF INFORMANT: Vicki Simon

19B. MAILING ADDRESS: (include zip code) 6 Edwards Lane Glen Cove, NY 11542

DISPOSITION

20A. 1 [ ] BURIAL 2 [X] CREMATION 3 [ ] REMOVAL 4 [ ] HOLD 5 [ ] DONATION 6 [ ] ENTOMBMENT — MONTH 06 DAY 28 YEAR 2013

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION. Nassau-Suffolk Crematory

20C. LOCATION: (City or town and state) Lake Ronkonkoma, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: Affordable Cremation Services of New York, 130 Carleton Avenue, Central Islip, NY 11722

21B. REGISTRATION NUMBER: 00029

22A. NAME OF FUNERAL DIRECTOR: Michael Bostyn

22B. SIGNATURE OF FUNERAL DIRECTOR: [signature]

22C. REGISTRATION NUMBER: 12550

23A. SIGNATURE OF REGISTRAR: [signature]

23B. DATE FILED: MONTH 06 DAY 28 YEAR 2013

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [signature]

24B. DATE ISSUED: MONTH 06 DAY 28 YEAR 2013

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

CERTIFIER

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: Russell H. Samuel License No.: 161000 Signature: [signature] Month 6 Day 27 Year 13

Certifier's Title: 0 [X] Attending Physician 0 [ ] Physician acting on behalf of Attending Physician 1 [ ] Coroner 2 [ ] Medical Examiner / Deputy Medical Examiner

Address: 104 Forest Ave Glen Cove, NY 11542

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

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

26A. Attending physician attended deceased: FROM Month 6 Day 1 Year 1993 TO Month 6 Day 13 Year 2013

26B. Deceased last seen alive by attending physician: Month 06 Day 13 Year 2013

26C. Pronounced Dead ON Month 6 Day 27 Year 13 AT Time 6:30 AM

27. MANNER OF DEATH: NATURAL CAUSE [X] 1 ACCIDENT [ ] 2 HOMICIDE [ ] 3 SUICIDE [ ] 4 UNDETERMINED CIRCUMSTANCES [ ] 5 PENDING INVESTIGATION [ ] 6

28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [X] NO 1 [ ] YES

29A. AUTOPSY? NO [X] 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) Pancreatic Cancer — 3 weeks

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): Kidney Cancer

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 [X] 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: 1 [ ] Driver/Operator 2 [ ] Passenger 3 [ ] Pedestrian 4 [ ] OTHER (specify)

32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO [ ] 0 YES [X] 1

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 3 [ ] Not pregnant, but pregnant 43 days to 1 year before death 4 [ ] Unknown if pregnant within past year

33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution: NAME OF DECEDENT: John Simon DATE OF DEATH: 6/27/13 TIME OF DEATH: 6:30 AM

This is to certify this document is a true copy of a record on file in the office of the Registrar, City Hall, Glen Cove, New York. DO NOT ACCEPT a copy unless the raised seal of the City of Glen Cove is affixed.

[signature] Deputy Registrar