

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

Form with sections: DECEASED, DISPOSITION, CERTIFIER, CAUSE OF DEATH. Includes fields for name (John M. Simon), date of death (6/27/2013), place of death (6 Edwards Lane, Glen Cove, NY), and cause of death (Pancreatic Cancer).

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.

Yulia A. Gennello - Deputy Registrar

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