DOH-1961 (8/2011)

RESIDENCE

PROVIDED DISTRICT 2901
REGISTER NUMBER 229

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 ☑ 1 ☐ FEMALE 2
3A. DATE OF DEATH: MONTH 6 | DAY 27 | YEAR 2013
3B. HOUR: 6:30 A.M.

4A. PLACE OF DEATH (Check one): HOSPITAL DOA ☐ ER ☐ | HOSPITAL OUTPATIENT ☐ | HOSPITAL INPATIENT ☐ | NURSING HOME ☐ | PRIVATE RESIDENCE ☑ | 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 ☑ 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 ☒ 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 ☒ 1: 1942-45
9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that 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 races to indicate what the decedent considered himself or herself to be:
☒ 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 ☒ 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 ☒ 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 ☒ VILLAGE ☐ TOWN ☐: Glen Cove
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☒ NO IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 6 Edwards Lane
16E. ZIP CODE: 11542
Glen Cove

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 ☒ 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: 130 Carleton Avenue, Central Islip, NY 11722
Affordable Cremation Services of New York
21B. REGISTRATION NUMBER: 00029

22A. NAME OF FUNERAL DIRECTOR: MICHAEL [illegible]
22B. SIGNATURE OF FUNERAL DIRECTOR:
22C. REGISTRATION NUMBER: 12550

23A. SIGNATURE OF REGISTRAR:
23B. DATE FILED: MONTH 06 | DAY 28 | YEAR 2013
24A. BURIAL OR REMOVAL PERMIT ISSUED BY:
24B. DATE ISSUED: MONTH 06 | DAY 28 | YEAR 2013

CERTIFIER

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: Russell H. Samuel | License No.: 161000 | Signature: | Month 6 | Day 27 | Year 13
Certifier's Title: 0 ☑ 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 A.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? 0 ☒ NO 1 ☐ YES
29A. AUTOPSY? NO ☒ 0 YES ☐ 1 REFUSED ☐ 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☐ YES

CAUSE OF DEATH

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

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 ☒ 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 ☒
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
TIME OF DEATH: 6:30 (AM) PM
DATE OF DEATH: 6/27/13

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.
Vicki Marella — Deputy Registrar