DOH-1961 (9/2011)

RESIDENCE

NCHS

4C

4G

RECORDED DISTRICT 2901

REGISTER NUMBER 278

NEW YORK STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME: FIRST MIDDLE LAST: VICKI R.C. SIMON

2. SEX: MALE ☐1 FEMALE ☒2

3A. DATE OF DEATH: MONTH 09 DAY 30 YEAR 2018

3B. HOUR: 10:40 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. 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

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 08 DAY 19 YEAR 1924

6A. AGE IN YEARS: 94 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) LONDON, UNITED ENGLAND, KINGDOM

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

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒0 YES ☐1

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.)
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)
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: 067-24-5882

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.)

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

15B. KIND OF BUSINESS OR INDUSTRY: HOME MAKER

15C. NAME AND LOCALITY OF COMPANY OR FIRM: OWN HOME

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, GLEN COVE

16E. ZIP CODE: 11542

17. BIRTH NAME OF FATHER / PARENT: FIRST CHARLES MI LAST CLAIREAUX

18. BIRTH NAME OF MOTHER / PARENT: FIRST FLORRIE MI LAST GREEN

19A. NAME OF INFORMANT: CLAUDE SIMON

19B. MAILING ADDRESS: (Include zip code) 71 TONJES ROAD, CALLICOON, NY 12723

20A. 1 ☐ BURIAL 2 ☒ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ENTOMBMENT — MONTH 10 DAY 05 YEAR 2018

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: NICHOLAS A WHEELER

22B. SIGNATURE OF FUNERAL DIRECTOR:

22C. REGISTRATION NUMBER: 14544

23A. SIGNATURE OF REGISTRAR: Edleen Born

23B. DATE FILED: MONTH 10 DAY 05 YEAR 2018

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Edleen Born

24B. DATE ISSUED: MONTH 10 DAY 05 YEAR 2018

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: Carmen Bassaragh ANP-C — License No.: 305792 — Signature: Carmen Bassaragh ANP-C — Month 10 Day 01 Year 2018

Certifier's Title: 0 ☐ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner — Address: 99 Sunnyside Blvd Woodbury NY 11797

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

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

26A. Attending physician attended deceased: FROM Month 08 Day 18 Year 2018 TO Month 09 Day 30 Year 2018

26B. Deceased last seen alive by attending physician: Month 09 Day 29 Year 2018

26C. Pronounced Dead: Month 09 Day 30 Year 2018 AT Time 10:40 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? NO ☒0 YES 1 ☐

29A. AUTOPSY? NO ☒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

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) Sepsis, unspecified organism — Weeks.
DUE TO OR AS A CONSEQUENCE OF:
(B) Cholangitis — 8/13/2018
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): Atherosclerotic Heart Disease

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☐ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☒ UNKNOWN

31A. IF INJURY, DATE: MONTH DAY YEAR — HOUR: m

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 ☒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

This is to certify that this document is a true certified copy of a death record on file in the office of the Registrar, Glen Cove, County of Nassau. DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE CITY OF GLEN COVE IS AFFIXED THEREON.

Registrar

For use by physician or Institution:

NAME OF DECEDENT: Vicki Simon

DATE OF DEATH: 09/30/2018

TIME OF DEATH: 10:40 AM PM

CAUSE OF DEATH