DOH-1961 (8/2011)

RECORDED DISTRICT

REGISTER NUMBER

ok

NEW YORK STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

X

STATE FILE NUMBER

RESIDENCE

NCHS

4C

4G

7A

7B

SI

25

30

31

31B

OR

OS

QC00

CANCER

DECEDENT

1. NAME: FIRST: Vicki | MIDDLE: R. C. | LAST: Simon

2. SEX: MALE ☐ 1 FEMALE ☒ 2

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

3B. HOUR:

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: 8 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, England, United King

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): Homemaker

15B. KIND OF BUSINESS OR INDUSTRY:

15C. NAME AND LOCALITY OF COMPANY OR FIRM: Own Home

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

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 | MI | LAST: Charles Claireaux

18. BIRTH NAME OF MOTHER / PARENT: FIRST | MI | LAST: Florrie Green

19A. NAME OF INFORMANT: Claude Simon

19B. MAILING ADDRESS: (Include zip code): 71 Tonjes Road, Callicoon, NY 12723

DISPOSITION

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

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: NASSAU-SUFFOLK CREMATORY

20C. LOCATION: (City or town and state): LAKE RONKONKOMA, NY 11779

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

21B. REGISTRATION NUMBER: 00029

22A. NAME OF FUNERAL DIRECTOR: Peter Moloney

22B. SIGNATURE OF FUNERAL DIRECTOR:

22C. REGISTRATION NUMBER: 12504

23A. SIGNATURE OF REGISTRAR:

23B. DATE FILED: MONTH | DAY | YEAR

24A. BURIAL OR REMOVAL PERMIT ISSUED BY:

24B. DATE ISSUED: MONTH | DAY | YEAR

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: | License No.: | Signature: | Month | Day | Year

Certifier's Title: 0 ☐ Attending Physician | 0 ☐ Physician acting on behalf of Attending Physician | 1 ☐ Coroner | 2 ☐ Medical Examiner / Deputy Medical Examiner | Address:

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 Day Year TO Month Day Year

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

26C. Pronounced Dead ON Month Day Year AT Time

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

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)
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).

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 ☐ 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

DATE OF DEATH: 09/30/201

AM/PM

TIME OF DEATH:

NAME OF DECEDENT: Vicki R. C. Simon

For use by physician or institution.