

00H-161 (10/2005)	RECORDED DISTRICT 1401	REGISTER NUMBER 03885	NEW YORK STATE DEPARTMENT OF HEALTH Porta-Rec. 04.25.2013										STATE FILE NUMBER		
RESIDENCE		CERTIFICATE OF DEATH #27 #30 #31													
1. NAME: FIRST Richard		MIDDLE A.		LAST Metcalf Jr.		2. SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3. DATE OF DEATH: MONTH 11 DAY 30 YEAR 2012		32. HOUR: 5:17 P					
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ER OUTPATIENT		HOSPITAL INPATIENT		NURSING HOME		PRIVATE RESIDENCE		HOSPICE FACILITY		OTHER (Specify):		4B. IF FACILITY, DATE ADMITTED: MONTH 11 DAY 29 YEAR 2012			
4C. NAME OF FACILITY: (If not facility, give address) ECMC		4D. LOCALITY: (Check one and specify) CITY Buffalo VILLAGE Buffalo TOWN Buffalo										4E. COUNTY OF DEATH: Erie			
4F. MEDICAL RECORD NO. 1147122		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES Buffalo General Hospital Buffalo, NY													
5. DATE OF BIRTH: MONTH 6 DAY 15 YEAR		6A. AGE IN YEARS: 35		6B. IF UNDER 1 YEAR MONTHS 0 DAYS 0		6C. IF UNDER 1 DAY HOURS 0 MINUTES 0		6D. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Buffalo, NY		7A. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:					
7A. DECEASED NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 1		8. SERVED IN U.S. ARMED FORCES? (Specify years) A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)										9. DECEDED OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)			
11. DECEDED'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> 8th grade 2 <input type="checkbox"/> 9th-12th grade, no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree		10. DECEDED'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be. A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guatemalan or Chichero L <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (Specify) P <input type="checkbox"/> Other Asian (Specify) R <input type="checkbox"/> Other Pacific Islander (Specify) S <input type="checkbox"/> Other (Specify)													
12. SOCIAL SECURITY NUMBER:		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is widowed, enter maiden name.											
15A. USUAL OCCUPATION: (Do not enter retired) Stock Clerk		15B. KIND OF BUSINESS OR INDUSTRY: Retail		15C. NAME AND LOCALITY OF COMPANY OR FIRM: Walmart											
16A. RESIDENCE: (State or Country If not USA) NY		16B. COUNTY OR REGION/PROVINCE: (If not USA) Erie		16C. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN <input type="checkbox"/>		16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>									
16D. STREET AND NUMBER OF RESIDENCE: 28 Marrano Dr.		16E. ZIP CODE: 14043													
17. NAME OF FATHER: Richard		18. FIRST NAME Metcalf		18. LAST NAME Jane		18. MOTHER'S FIRST NAME Buchbinder		19. DECEDED'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> 8th grade 2 <input type="checkbox"/> 9th-12th grade, no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree			20. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: 20A. 1 <input type="checkbox"/> BURIAL 2 <input checked="" type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> ENTOMBMENT MONTH 12 DAY 4 YEAR 2012				
21A. NAME AND ADDRESS OF FUNERAL HOME: Wendel & Loecher Inc. 27 Aurora St		21B. LOCATION (City or town and state): Lancaster, NY 14086		21C. REGISTRATION NUMBER: 01799											
22A. NAME OF FUNERAL DIRECTOR: John R. Loecher		22B. SIGNATURE OF FUNERAL DIRECTOR: <i>John R. Loecher</i>		22C. REGISTRATION NUMBER: 12117											
23A. SIGNATURE OF REGISTRAR: Harold A. Chvalinski		23B. DATE RECEIVED: MONTH 12 DAY 03 YEAR 2012		23C. BURIAL OR REMOVAL PERMIT ISSUED BY: Patricia M Chase			24B. DATE ISSUED: MONTH 12 DAY 03 YEAR 2012								
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: DR. DIANNE R. VERTES, PhD, M.D. License No.: # 228861 Signature: <i>Dr. Dianne R. VERTES</i> Month 12 Day 01 Year 2012															
25B. IF certifier is not a physician, enter Certifier's Physician's name & BIC: # 501 KENSINGTON AVENUE, BUFFALO, ERIE, NEW YORK 14214															
25C. If certifier is not attending physician, enter Attending Physician's name & BIC: # 501 KENSINGTON AVENUE, BUFFALO, ERIE, NEW YORK 14214															
26A. Attending physician Attended deceased: FROM Month 08 Year 2012 TO Month 08 Year 2012		26B. Deceased last seen alive by attending physician: Month 11 Day 30 Year 2012		26C. Deceased died: Month 11 Day 30 Year 2012			26D. Deceased died: Month 11 Day 30 Year 2012								
27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT <input type="checkbox"/> 2 <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 3 <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> 4 <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> YES 1 <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> YES		29A. AUTOPSY? NO <input type="checkbox"/> YES <input type="checkbox"/> REFUSED <input type="checkbox"/> 3 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> YES 4 <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> YES			29B. IF YES, WHICH FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> YES								
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) ACUTE AND SUBACUTE MYOCARDIAL INFARCTION DUE TO OR AS A CONSEQUENCE OF: (B) DUE TO OR AS A CONSEQUENCE OF: (C) CONGENITAL BILIARY ATRESIA WITH CIRRHOSIS OF LIVER AND PORTAL HYPERTENSION; MULTIPLE BLUNT FORCE INJURIES DUE TO OR AS A CONSEQUENCE OF: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I HYPERTENSION; ASSOCIATED WITH STRESS															
31A. IF INJURY, DATE: MONTH 08 DAY 08 YEAR 2012		31B. INJURY LOCALITY: (City or town and county and state): Buffalo, NY		31C. DESCRIBE HOW INJURY OCCURRED: ASSOCIATED WITH STRESS		31D. PLACE OF INJURY: Buffalo, NY			31E. INJURY AT WORK: NO <input type="checkbox"/> YES <input type="checkbox"/>						
31F. DATE OF DELIVERY: MONTH 08 DAY 08 YEAR 2012		31G. DATE OF DELIVERY: MONTH 08 DAY 08 YEAR 2012			31H. DATE OF DELIVERY: MONTH 08 DAY 08 YEAR 2012										
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		33A. IF FEMALE: 0 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 3 <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death 4 <input type="checkbox"/> Unknown if pregnant within past year		33B. IF PREGNANT: 0 <input type="checkbox"/> Not pregnant 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 3 <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death 4 <input type="checkbox"/> Unknown if pregnant within past year			33C. DATE OF DELIVERY: MONTH 08 DAY 08 YEAR 2012								
For use by physician or medical examiner RICHARD METCALF 2451-12															
DATE OF DEATH: AM PM TIME OF DEATH: NAME OF DECEDENT: CAUSE OF DEATH: TIME OF DEATH:															