

DOH-1661 (10/2005)

NEW YORK STATE DEPARTMENT OF HEALTH		FORE-RE: 04.25.2013		STATE FILE NUMBER	
CERTIFICATE OF DEATH #27 #30 #51					
1. NAME: FIRST MIDDLE LAST Richard A. Metcalf Jr.		2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		3A. DATE OF DEATH: MONTH DAY YEAR 11 30 2012	
3B. HOUR: 5:17 P		4A. PLACE OF DEATH: (Check one) HOSPITAL <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/>		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR 11 29 2012	
4C. NAME OF FACILITY: (If not facility, give address) ECMC		4D. LOCALITY: (Check one and specify) CITY VILLAGE 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) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Buffalo General Hospital Buffalo, NY			
5. DATE OF BIRTH: MONTH DAY YEAR 6 15 35		6A. AGE IN YEARS: 35		6B. IF UNDER 1 YEAR ENTER: MONTHS DAYS 35	
6C. IF UNDER 1 DAY ENTER: HOURS MINUTES 35		6D. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Buffalo, NY		6E. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		9. DECEDENT 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):		10. DECEDENT'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"/> Guamanian or Chamorro M <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):	
11. DECEDENT'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		12. SOCIAL SECURITY NUMBER:		13. MARITAL STATUS: NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input 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 wife, 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 VILLAGE TOWN Depew		16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN:		16E. ZIP CODE: 14043	
16F. STREET AND NUMBER OF RESIDENCE: 28 Marrano Dr.		17. NAME OF FATHER: FIRST MI LAST Richard Metcalf		18. MAIDEN NAME OF MOTHER: FIRST MI LAST Jane Buchbinder	
19A. NAME OF INFORMANT: Richard Metcalf		19B. MAILING ADDRESS: (Include zip code) 25 6th Ave. Lancaster, NY 14086			
20A. 1 <input type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> ADIAPAL 4 <input type="checkbox"/> HOLD DAY 5 <input type="checkbox"/> CREMATION YEAR 6 <input type="checkbox"/> ENTOMBMENT		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Buffalo Cremation Co.		20C. LOCATION: (City or town and state) Buffalo, NY	
21A. NAME AND ADDRESS OF FUNERAL HOME: Wendel & Loecher Inc. 27 Aurora St Lancaster, NY 14086		21B. REGISTRATION NUMBER: 01799		21C. REGISTRATION NUMBER: 12117	
22A. NAME OF FUNERAL DIRECTOR: John R. Loecher		22B. SIGNATURE OF FUNERAL DIRECTOR: <i>[Signature]</i>		22C. SIGNATURE OF REGISTRAR: <i>[Signature]</i>	
23A. SIGNATURE OF REGISTRAR: <i>[Signature]</i>		23B. DATE FILED: MONTH DAY YEAR 12 03 2012		23C. BURIAL OR REMOVAL PERMIT ISSUED BY: <i>[Signature]</i>	
23D. DATE ISSUED: MONTH DAY YEAR 12 03 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>[Signature]</i> Month Day Year 12 01 2012					
25B. If coroner is not a physician, enter coroner's physician's name & title: # 501 KENSINGTON AVENUE, BUFFALO, ERIE, NEW YORK 14214					
25C. If certifier is not attending physician, enter attending physician's name & title:					
26A. Attending physician attended deceased: FROM MONTH DAY YEAR TO MONTH DAY YEAR 11 30 2012 26B. Deceased last seen alive by attending physician: MONTH DAY YEAR 11 30 2012 26C. Pronounced Dead on 11 30 2012 at 5:17 P.					
27. MANNER OF DEATH: NATURAL CAUSE <input type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input checked="" type="checkbox"/> 6 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 29A. AUTOPSY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES					
29. 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) CONGENITAL BILIARY ATRESIA WITH CIRRHOSIS OF LIVER AND PORTAL HYPERTENSION; MULTIPLE BLUNT FORCE INJURIES ASSOCIATED WITH STRESS DUE TO OR AS A CONSEQUENCE OF: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (A): 30A. IF INJURY, DATE: MONTH DAY YEAR 30B. INJURY LOCALITY: (City or town and county and state) 30C. DESCRIBE HOW INJURY OCCURRED: 30D. TOBACCO USE CONTRIBUTED TO DEATH? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 30E. INJURY AT WORK? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 30F. PLACE OF INJURY: ASSOCIATED WITH STRESS 30G. DATE OF DELIVERY: MONTH DAY YEAR					
31. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (Specify): 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 33A. IF FEMALE: 1 <input type="checkbox"/> Not pregnant within last year 2 <input type="checkbox"/> Pregnant at time of death 3 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 4 <input type="checkbox"/> Unknown if pregnant within past year 33B. DATE OF DELIVERY: MONTH DAY YEAR					

For use by physician or coroner only.
NAME OF DECEASED: **RICHARD METCALF** 2451-12
DATE OF DEATH: **11/30/2012**
TIME OF DEATH: **5:17 PM**