STATE OF NEW HAMPSHIRE - Computer-Generated Death Transcript

1. Decedent's Legal Name (Include AKAs if any) (First, Middle, Last): [redacted]
2. Sex: MALE
3. Social Security Number: [redacted]

4a. Age - Last Birthday (Years): 1
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Date of Birth (MM/DD/YYYY): DECEMBER 31, 2005
6. Birthplace (City and State, or Foreign Country): CLAREMONT, NEW HAMPSHIRE

7a. Residence State: NEW HAMPSHIRE
7b. County: SULLIVAN
7c. City or Town: CLAREMONT
7d. Street And Number: [redacted]
7f. Zip Code: 03743
8. Ever in US Armed Forces?: NO

9. Marital Status at Time of Death: 1. Married 2. Married, but separated 3. Widowed 4. Divorced 5. Never married 6. Unknown — 5
10. Spouse's Name (If wife, give name prior to first marriage)

11. Father's Name (First, Middle, Last): [redacted]
12. Mother's Name Prior to First Marriage (First,Middle,Last): [redacted]

51. Check the box that best describes the highest degree or level of school completed at the time of death — 9
1. 8th grade or less
2. 9th-12th grade; no diploma
3. High school graduate or GED completed
4. Some college credit, but no degree
5. Associate degree(e.g., AA, AS)
6. Bachelor's degree(e.g., BA, AB, BS)
7. Master's degree (e.g., MA, MS, MEng, MEd, MBA)
8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
9. Unknown

54. Decedent's Usual Occupation (Indicate type of work done during most of working life . DO NOT USE RETIRED): NON APPLICABALE
55a. Kind of Business/Industry: NON APPLICABLE
55b. Name of Employer or Company Name: NON APPLICABLE

13a. Informant's Name: [redacted]
13b. Relationship to Decedent: FATHER
13c. Mailing Address (Street and Number, City, State, Zip Code): [redacted] CLAREMONT, NH 03743

52. Decedent of Hispanic Origin? (Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the "No" box if the decedent was not Spanish/Hispanic/Latino.)
- [X] No , not Spanish/Hispanic/Latino
- [ ] Yes, Mexican , Mexican American, Chicano
- [ ] Yes , other Spanish/Hispanic/Latino (Specify) ____
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Unknown
- [ ] Refused
- [ ] Not Obtainable

53. Decedent's Race (Check one or more races to indicate what the decedent considered himself/herself to be)
- [X] White
- [ ] Black/African American
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian (Specify) ____
- [ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) ____
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other Pacific Islander (Specify) ____
- [ ] Other, (Specify) ____
- [ ] Unknown
- [ ] Refused
- [ ] Not Obtainable

18. Method of Disposition: 1. Burial 2. Cremation 3. Donation 4. Entombment 5. Mausoleum 6. Other (Specify) — 1
19a. Date of Disposition (MM/DD/YYYY): OCTOBER 30, 2007
19b. Place of Disposition (Name of cemetery, crematory, other place): (b)(6)
19c. Location (City/Town, State): CLAREMONT, NEW HAMPSHIRE
20a. If Entombed (or Cremated), Place of Final Burial:
20b. Location of Final Disposition - City/Town and State:
21. Name and Complete Address of Funeral Facility, Next of Kin or Designated Agent: (b)(6)

22a. Signature of Funeral Director , Next of Kin or Designated Agent: MICHAEL D STRINGER
23. NH FD License Number only: 760
22b. Countersigned Agent (City Board of Health/Sub Registrar *if applicable*): (b)(6)
22c. For the City/Town of: CLAREMONT
22d. Date Signed (MM/DD/YYYY): OCTOBER 29, 2007

14. Place Of Death (Check only one: see instructions)
If Death Occurred In Hospital: 1. Inpatient 2. Emergency Room/Outpatient 3. DOA
If Death Occurred Somewhere other than Hospital: 1. Hospice Facility 2. Nursing Home/LTC Facility 3. Decedent's Home 4. Unknown 5. Other(Specify) — 3

15. Facility Name (If not institution, give street and number): [redacted]
16. City or Town, State and Zip Code: CLAREMONT, NH 03743
17. County of Death: SULLIVAN

Items 24-31 and 46 Must Be Completed By the Person Who Pronounces Death
24. Date Pronounced Dead (MM/DD/YYYY): OCTOBER 24, 2007
25. Time Pronounced Dead: 08:40 AM
26a. Signature of Person Pronouncing Death (When Applicable):
26b. Name of Pronouncer (please print): ROSEMARY SWAIN ADME
26c. Capacity of Individual Pronouncing Death: 1. Attending/Associate Physician 2. Pronouncing Reg. Nurse 3. Non-Attending Physician 4. Asst. Dep. ME (Non MD) 5. ME/DEP 6. Temp/Asst.ME — 4
27. NH MD License Number only: 00000
28. Date Signed (MM/DD/YYYY): OCTOBER 24, 2007
29. Date of Death (Actual or Presumed): Presumed OCTOBER 24, 2007
30. Time of Death (Actual or Presumed): Unknown UNKNOWN
31. Was Case Referred to Medical Examiner or Coroner ? 1. Yes 2. No 3. Unknown — 1

CAUSE OF DEATH (See Instructions and Examples)

32. PART I . Enter the chain of events - diseases, injuries, or complications -that directly caused the death. DO NOT enter terminal events such as cardiac arrest,respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate Interval: Onset to death

IMMEDIATE CAUSE ——> (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

a. ASPHYXIA — MINUTES
Due to (or as a consequence of):
b. SUFFOCATION — MINUTES
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given inPART I.
REMOTE (NEONATAL) INTRACEREBRAL HEMORRHAGE AND INFARCTION OF UNCERTAIN ETIOLOGY

33. Was an Autopsy Performed ? (Yes or No): YES
34. Were Autopsy Findings Available to Complete the Cause of Death? (Yes or No): YES

35. Did Tobacco Contribute To Death ? 1. Yes 3. Probably 2. No 4. Unknown — 4
36. If Female: 1. Not Pregnant within past year 2. Pregnant at time of death 3. Not Pregnant , but Pregnant within 42 days of death 4. Not Pregnant , but Pregnant 43 days to 1 year before death 5. Unknown if Pregnant within the past year
37. Manner of Death: 1. Natural 2. Accident 3. Suicide 4. Homicide 5. Pending investigation 6. Couldn't be determined — 2

38. Date of Injury (MM/DD/YYYY): OCTOBER 24, 2007
39. Time of Injury: UNKNOWN
40 Place Of Injury (e.g., Decedent's home; construction site; restaurant; wooded area): AT HOME
41. Injury at Work ? (Yes or No): NO
42. Location of Injury : State : NEW HAMPSHIRE
Street & Number: [redacted]
City/Town: CLAREMONT
Zip Code: 03743
43. Describe How Injury Occurred: FACE BECAME PRESSED AGAINST CRIB BUMPER PAD WHILE SLEEPING
44. If Transportation Injury , Specify: 1. Driver/Operator 2. Passenger 3. Pedestrian 4. Other (Specify) ____

45. Certifier (Check only one):
1. Certifying Physician-To the best of my knowledge, death occurred due to cause(s) and manner stated.
2. Pronouncing and Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
3. Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of Certifier: — 3

46. Name , Address and Zip Code of Person Completing Cause of Death (Item 32): JENNIE V DUVAL MD, 246 PLEASANT ST STE 218, CONCORD, NH - 03301
47. Title of Certifier: MD
48. NH MD License Number only: 11558
49. Date Certified (MM/DD/YYYY): OCTOBER 25, 2007
50. FOR REGISTRAR ONLY - Date Filed (MM/DD/YYYY): OCTOBER 29, 2007