40868

RECORDED DISTRICT 2N00
REGISTER NUMBER

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

Vol. M97 Page 21667

RESIDENCE

NCHS

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4G

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CANCER

JUL 14 P1:09

'97

DECEDENT

1. NAME: FIRST Robert MIDDLE LAST Thompson
2. SEX: MALE ☒ 1 FEMALE ☐ 2
3A. DATE OF DEATH: MONTH 06 DAY 14 YEAR 1996
3B. HOUR: 2:05 P m
4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA ER ☐ 1 HOSPITAL OUTPATIENT ☐ 2 HOSPITAL INPATIENT ☐ 3 NURSING HOME ☐ 4 PRIVATE RESIDENCE ☒ OTHER (Specify)
4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR
4C. NAME OF FACILITY: (If not facility give address) 21 Sugarmills Circle
4D. LOCALITY: (Check one and specify) CITY OF ☐ VILLAGE OF ☐ TOWN OF ☒ Perinton
4E. COUNTY OF DEATH: Monroe
4F. MEDICAL RECORD NO. None
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 4 DAY 11 YEAR 1820
6. AGE: 76 yrs. IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes
7A. CITY AND STATE OF BIRTH: (County if not U.S.A.) Bowling Green, Ky.
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? NO ☒ 0 YES ☐ 1 (Specify years)
9. RACE: (Black, White, etc.) White
10. HISPANIC ORIGIN? (If yes, specify) NO ☒ YES ☐
11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
12. SOCIAL SECURITY NUMBER: 310-18-1818
13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED OR SEPARATED ☒ 2 WIDOWED ☐ 3 DIVORCED ☐ 4
14. SURVIVING SPOUSE: (If wife, give maiden name) Dorothy Titzer
15A. USUAL OCCUPATION: (Do not enter retired) Real Estate Broker
15B. KIND OF BUSINESS OR INDUSTRY: Real Estate
15C. NAME AND LOCALITY OF COMPANY OR FIRM: T.I. Properties Arcadia, CA
16A. RESIDENCE, STATE: NY
16B. COUNTY: Monroe
16C. LOCALITY: (Check one and specify) CITY OF ☐ VILLAGE OF ☐ TOWN OF ☒ Perinton
16E. ZIP CODE: 14450
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☐ NO IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 21 Sugarmills Circle Fairport, NY 14450
17. NAME OF FATHER: FIRST Maurice MI LAST Thompson
18. MAIDEN NAME OF MOTHER: FIRST Mildred MI LAST Templeton
19A. NAME OF INFORMANT: Dorothy Thompson
19B. MAILING ADDRESS: (Includes zip code) 21 Sugarmills Circle Fairport, NY 14450

DISPOSITION

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) Cremation MONTH 06 DAY 17 YEAR 96
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Rochester Crematory 41 S. Main St.
20C. LOCATION: (City or town and state) Perinton, NY
21A. NAME AND ADDRESS OF FUNERAL HOME: Richard H. Keenan Fh Inc Fairport, NY 14450
21B. REGISTRATION NUMBER: 01039
22A. NAME OF FUNERAL DIRECTOR: Brian R. Keenan
22B. SIGNATURE OF FUNERAL DIRECTOR: Brian R. Keenan
22C. REGISTRATION NUMBER: 065962
23A. SIGNATURE OF REGISTRAR: P.A. Plumley Dep
23B. DATE FILED: MONTH 6 DAY 17 YEAR 96
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Marsha Howard
24B. DATE ISSUED: MONTH 6 DAY 17 YEAR 96

CERTIFIER

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.
SIGNATURE: D. Hovey MD
MONTH 6 DAY 17 YEAR 96
25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH 4 DAY 24 YEAR 95 TO MONTH 6 DAY 14 YEAR 96
25C. LAST SEEN ALIVE BY ATTENDANT: MONTH 6 DAY 12 YEAR 96
25D. NAME OF ATTENDING PHYSICIAN: Daniel Hovey, M.D.
25D. ATTENDING PHYSICIAN LICENSE NUMBER 84562
26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A. D. Hovey, M.D., 570 Perinton Hills, Fairport, N.Y.

25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. ☐ CORONER ☐ CORONER'S PHYSICIAN ☐ MEDICAL EXAMINER
SIGNATURE AND TITLE:
25B. PRONOUNCED DEAD ON MONTH DAY YEAR
25C. HOUR: m
25D. DATE SIGNED: MONTH DAY YEAR
25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:
25F. ME/COR. PHYS. LICENSE NUMBER

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? NO ☐ 0 YES ☐ 1

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) Myocardial Infarction — Immediate
DUE TO OR AS A CONSEQUENCE OF: (B) Coronary Artery Disease — years
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): Cerebral Vascular Accident

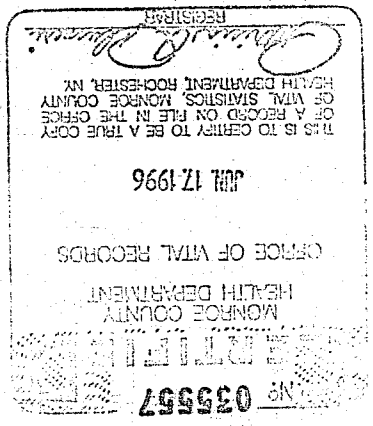
31A. IF INJURY, DATE: MONTH DAY YEAR
HOUR: m
31B. LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO ☐ 0 YES ☐ 1
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☐ 0 YES ☒ 1
33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO ☐ 0 YES ☐ 1
33B. DATE OF DELIVERY: MONTH DAY YEAR

VS-60

For use by physician or institution:
NAME OF DECEDENT:
DATE OF DEATH:
TIME OF DEATH: AM PM

DOH-1961 (1/95)

21668



STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of David Thompson the 10th day of July A.D., 19 97 at 1:09 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 21667.

FEE $10.00

Return: David Thompson
21 Sugarmills Circle
Fairport, N.Y. 14450

Bernetha G. Letsch, County Clerk
By Kathleen Ross