CERTIFICATION OF VITAL RECORD

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

PHYSICIANS MUST COMPLETE SHADED AREAS ONLY. FUNERAL HOME MUST COMPLETE UNSHADED AREAS.

LOCAL FILE NUMBER

STATE FILE NUMBER

NAME OF DECEDENT: Elsie Porowski
FOR USE BY PHYSICIAN OR INSTITUTION ONLY

DECEDENT

1. NAME – FIRST: Elsie | MIDDLE: D. | LAST: Porowski
2. SEX: Fem.
3. DATE OF DEATH (Month, day, year): 5/30/09

TYPE OR PRINT IN BLACK INK.

4a. HOSPITAL OR OTHER INSTITUTION – NAME (If not in either, give street and number): Rhode Island Hospital
4b. CITY, TOWN, OR LOCATION OF DEATH: Providence

ADDITIONAL INSTRUCTIONS ON REVERSE SIDE.

5a. AGE – LAST BIRTHDAY (Years): 84 | 5b. UNDER 1 YEAR: MTHS / DAYS | 5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, day, year): June 19, 1924
7. BIRTHPLACE (City and State or Foreign Country): India

8. EVER IN U.S. ARMED FORCES? (Specify Yes or No) NAME WAR: No
9a. HISPANIC ORIGIN (Yes or No. If Yes, Specify Origin): No
9b. RACE (List all that apply): White

10. SOCIAL SECURITY NUMBER: 337-12-5835
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
12. SPOUSE (If wife, give maiden name): Thaddeus P. Porowski

13a. USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired): School Teacher
13b. KIND OF BUSINESS OR INDUSTRY: Public Schools

14a. RESIDENCE ADDRESS (House number and street name): 1606 East Clemenson Avenue
14b. CITY OR TOWN OF RESIDENCE, STATE & ZIP CODE: Santa Ana, CA 92705

15. MAILING ADDRESS – If different from residence address in item above (P.O. Box, RFD Number, City/Town or Village, State, Zip Code): Same

PARENTS

16. FATHER – FIRST NAME: Paul | MIDDLE: G. | LAST: Dibble
17. MOTHER – FIRST NAME: Marie | MIDDLE | MAIDEN NAME: Bjerno

18a. INFORMANT – NAME: Ms. Anne M. Porowski
18b. MAILING ADDRESS (Street or RFD Number, City or Town, State, Zip Code): 400 E. Randolph St. #1403, Chicago, IL 60601

DISPOSITION

19a. BURIAL CREMATION, DONATION, OTHER (Specify): Cremation
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) CITY OR TOWN STATE: North Purchase Crematory Attleboro MA

20a. SIGNATURE OF FUNERAL HOME LICENSEE: [signature]
20b. FUNERAL HOME – NAME: Dyer-Lake Funeral Home
20c. FUNERAL HOME LICENSE NUMBER: RI 01114
20d. FUNERAL HOME – ADDRESS (Street or RFD Number, City or Town, State, Zip Code): 161 Commonwealth Ave., N. Attleboro, MA 02760

ITEMS BELOW TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY

PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and was due to the cause(s) stated. (Signature): [signature] DEGREE (MD or DO): MD
21b. R.I. LICENSE NUMBER: LP01440
21c. DATE SIGNED (Mth, day, yr): 5/30/09
21d. HOUR OF DEATH (If unknown, so state): 2:10PM
21f. NAME & ADDRESS OF CERTIFIER (Type or Print): Larry Siu, MD RIH 593 Eddy St. Providence RI 02903

RI law requires the name of the physician and the cause of death to be PRINTED or TYPED in BLACK INK. Signatures must also be in BLACK INK.

21e. WAS DEATH REFERRED TO MEDICAL EXAMINER? ☐ Yes ☒ No

21g. HOSPITAL DEATH? ☐ NO ☒ Inpatient ☐ Emer. Room/Outpatient ☐ DOA
21h. NON-HOSPITAL DEATH? ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify):

21i. NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IN 21f (Type or Print): Jason Aliotta, MD 593 Eddy St. Providence, RI 02903
21j. LENGTH OF ATTENDANCE (Specify days, wks, mths, yrs): 2 days

REGISTRAR

22a. REGISTRAR (Signature): Ernesto Figueroa
22b. FILE DATE – DATE RECEIVED BY REGISTRAR (Mth, day, yr): JUN 01 2009

CAUSE OF DEATH

23. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac/ respiratory arrest or ventricular fibrillation without showing the etiology.

		Approximate Interval Between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. NSTEMI	2 days
Sequentially list conditions, if any, leading to the cause listed on line a.	DUE TO (OR AS A CONSEQUENCE OF) b.	
Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF) c.	
	DUE TO (OR AS A CONSEQUENCE OF) d.	

23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ----------

24a. AUTOPSY PERFORMED? ☐ Yes ☒ No
24b. Were autopsy findings available to complete the cause of death? ☐ Yes ☒ No

25a. TOBACCO USE – DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☒ Unknown

25b. PREGNANCY – IF FEMALE, THE DECEDENT WAS: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days – 1 year before death ☐ Unknown if pregnant within past year

26. ACCIDENT ☐ Yes ☒ No
27. DATE OF INJURY? (month, day year) ----------
28. HOUR OF INJURY? ----------
29. INJURY AT WORK? ☐ Yes ☐ No
30. PLACE OF INJURY (e.g., decedent's home, construction site, wooded area, restaurant, etc.

31. LOCATION OF INJURY: STREET & HOUSE NUMBER ---------- CITY/TOWN --------- STATE ----- ZIP CODE ------

32. DESCRIBE HOW INJURY OCCURRED ----------

I hereby certify that this is a true and exact copy of the document officially registered and placed on file in the issuing office.

03465105

Issuing Office: City Registrar Providence
Date of Issuance: JUN 01 2009.

Signature of Registrar: Ernesto Figueroa

THIS COPY VALID ONLY IF ISSUED ON PAPER WITH ENGRAVED BORDER DISPLAYING RAISED SEAL AND SIGNATURE OF STATE OR LOCAL REGISTRAR.

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