

474

STATE OF CONNECTICUT  
DEPT. OF HEALTH SERVICES

CERTIFICATE OF DEATH  
OFFICE OF THE CHIEF MEDICAL EXAMINER

STATE FILE NUMBER

DECEASED NAME 1 <b>KENNETH J. YERKS SR.</b>		MIDDLE <b>J.</b>	LAST <b>YERKS SR.</b>	SEX <b>M</b>	DATE OF DEATH (Month, Day, Year) 3 <b>NOV 18 1999</b>
DATE OF BIRTH (Month, Day, Year) 4 <b>5/13/1918</b>	AGE - Last Birthday 5 <b>81</b>	UNDER 1 YEAR Mos. Days	UNDER 1 DAY Hours Mins.	RACE - White, Black, American Indian, Other (Specify) 6 <b>WHITE</b>	OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) 7 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
COUNTY OF DEATH 8 <b>Fairfield</b>	TOWN OF DEATH 9 <b>Greenwich</b>	PLACE OF DEATH (Check One) Hospital: <b>Greenwich Hospital</b>	DOA <input checked="" type="checkbox"/> Inpatient ER/outpatient <input type="checkbox"/>	OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence 11 <input type="checkbox"/> Other	
CITY & STATE OF BIRTH (COUNTRY IF NOT U.S.) 12 <b>SOMERS NEW YORK</b>	CITIZEN OF (Country) 13 <b>USA</b>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	14 <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED		15 <b>ALICE CARLSON</b>
SOCIAL SECURITY NUMBER 16 <b>041-03-8239</b>	USUAL OCCUPATION (Give kind of work done during most working life, even if retired) 17 <b>QUALITY CONTROL</b>	KIND OF BUSINESS OR INDUSTRY 18 <b>PITNEY BOWES</b>		19 <b>CONNECTICUT</b>	
RESIDENCE STATE	COUNTY 20 <b>FAIRFIELD</b>	TOWN 21 <b>GREENWICH</b>	NUMBER AND STREET 22 <b>30 HIGH STREET</b>		
WAS DECEASED A VETERAN 23 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES GIVE WAR <b>WWII</b>	BRANCH OF SERVICE <b>ARMY AIR FORCE</b>	EDUCATION (Specify Highest Grade Completed) Primary/Secondary <b>12</b> College <b>1-4</b> <b>5+</b>		
FATHER - NAME 26 <b>JAMES YERKS</b>		MOTHER 27 <b>CATHERINE REGAN</b>	28 <b>KERRY BRIDGE 1 DECACUR ST. COS COB CT 06807</b>		
INFORMANT NAME		MAILING ADDRESS	RELATIONSHIP TO DECEASED <b>DAUGHTER</b>		

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

IMMEDIATE CAUSE (a) <b>Ruptured Abdominal Aortic Aneurysm</b>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)	
(c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (I)

30 **Pronounced in Operating Room**

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (Specify) 33 <b>Natural</b>	DATE OF INJURY (Mo., Day, Yr.) 34	HOUR 35	HOW INJURY OCCURRED (Enter Nature of Injury Part I or Part II, item 28) 36	AUTOPSY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	INJURY AT WORK <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify) 37	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 38				

NURSE PRONOUNCEMENT TYPE OR PRINT NAME 39	DEGREE 40	SIGNATURE 41	DATE AND TIME PRONOUNCED MONTH DAY YEAR TIME 42
CERTIFICATION-MEDICAL EXAMINER: In my opinion on the date and due to the causes stated, death resulted or, deceased was found dead on or about 43	Month Day Year Time <b>Nov 18 1999 1127 A.M.</b>	THE DECEDENT WAS PRONOUNCED DEAD Month Day Year Time <b>Nov 18 1999 1127 A.M.</b>	M. E. CASE NO. <b>99-12516</b>
CERTIFIER - NAME (Type or print) 46 <b>Henry Davis Minot Jr</b>	SIGNATURE <b>Henry D. Minot Jr</b>	TITLE <b>Assistant Medical Examiner</b>	
MAILING ADDRESS - CERTIFIER (STREET OR R.F.D. NO.) 49 <b>6 West Mountain Road Ridgefield CT 06877</b>	CITY OR TOWN <b>GREENWICH</b>	STATE <b>CT</b>	DATE SIGNED (Month, Day, Year) 50 <b>NOV 18 1999</b>
BURIAL, CREMATION, REMOVAL 51 <b>BURIAL</b>	CEMETERY OR CREMATORY - NAME 52 <b>ST. MARY CEMETERY</b>	LOCATION (CITY OR TOWN) 53 <b>GREENWICH CT</b>	(STATE)
DATE (MONTH, DAY, YEAR) 54 <b>11/22/99</b>	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 55 <b>LEO P. GALLAGHER &amp; SON F.H. 31 ARCH ST GREENWICH CT 06831</b>		
FUNERAL DIRECTOR OR EMBALMER - SIGNATURE 56 <b>[Signature]</b>	NAME OF EMBALMER (IF BODY WAS EMBALMED) <b>NOT EMBALMED</b>	LICENSE NUMBER <b>2306</b>	
THIS CERTIFICATE RECEIVED FOR RECORD ON <b>NOV 22 1999</b>	BY <b>[Signature]</b>	REGISTRAR	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE RECORD ON FILE IN THE GREENWICH TOWN CLERK'S OFFICE, EXCEPT SUCH INFORMATION THAT IS NONDISCLOSABLE BY LAW, ATTESTED BY THE RAISED SEAL OF THE TOWN OF GREENWICH.

**Barbara Rowden**  
ASSISTANT REGISTRAR July 17, 2008

LEGAL FEE: \$10.00  
THIS CERTIFICATE NOT VALID WITHOUT SEAL