VS-4 REV. 1/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

07-12150

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box) 471

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)	2. SEX	3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month)	4. ACTUAL OR PRESUMED TIME OF DEATH
James L. Yerks Jr	XX Male ☐ Female	10/01/2007	9:25 ☐ AM ✓ PM

5. AGE LAST BIRTHDAY	6. UNDER 1 YEAR Mo. / Days	UNDER 1 DAY Hours / Min.	7. DATE OF BIRTH (MM/DD/YYYY)	8. BIRTHPLACE (City, State or Foreign Country)
95			5/21/1912	Golden's Bridge,NY

9. RESIDENCE (State)	10. RESIDENCE (County)	11. RESIDENCE (City or Town)	12. RESIDENCE (Street and No.)	13. APT. NO.
Connecticut	Fairfield	Cos Cob	8 Tremont St	

14. ZIP CODE	15. EVER IN US ARMED FORCES?	16. MARITAL STATUS AT TIME OF DEATH	17. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)
06807	☐ Yes XX No	☐ Married ☐ Married but separated XX Widowed ☐ Divorced ☐ Never Married ☐ Unknown	

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
James L. Yerks Sr.	Catharine Reagan

20. INFORMANT'S NAME	21. INFORMANT'S RELATIONSHIP TO DECEDENT	22. MAILING ADDRESS (Street and Number, City, State, Zip Code)
James L. Yerks III	Son	199 Bayfield Lane Unit B Stratford,CT 06614

23. IF DEATH OCCURRED IN A HOSPITAL:	24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	25. FACILITY NAME (If not institution, give street & number)
X Inpatient ☐ ER/outpatient ☐ Dead on Arrival	☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (specify)	Greenwich Hospital

26. CITY OR TOWN OF DEATH / ZIP CODE	27. COUNTY OF DEATH	28. METHOD OF DISPOSITION
Greenwich 06830	Fairfield	☐ Burial XXX Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (specify)

29. DISPOSITION (Name of cemetery, crematory, other place)	30. LOCATION (city/town, state)	31. DATE (MM/DD/YYYY)	32. WAS BODY EMBALMED? *If yes, Name of Embalmer
Riverview Crematory	Old Saybrook,CT	10/3/07	☐ Yes XX No

33. FUNERAL FACILITY - Name and Address (street, town, state, zip)	34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER	35. LICENSE NUMBER OF SIGNEE IN BOX 34
Leo P. Gallagher & Son Funeral Home 31 Arch Street Greenwich,CT 06830	[signature]	2505

36. DATE PRONOUNCED DEAD (MM/DD/YYYY)	37. TIME PRONOUNCED	38. NURSE PRONOUNCEMENT NAME AND DEGREE OR TITLE (Print)	39. SIGNATURE	40. DATE SIGNED
10/01/2007	9:25 P			

41. WAS MEDICAL EXAMINER CONTACTED?	42. WAS AN AUTOPSY PERFORMED?	43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes X No	☐ Yes X No	☐ Yes ☐ No

CAUSE OF DEATH

44. 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) →	(a) Respiratory Failure	Immediate
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	Due to (or as a consequence of): (b) Chronic Lung Disease	Years
	Due to (or as a consequence of): (c)	
	Due to (or as a consequence of): (d)	

45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	46. IF FEMALE	47. DID TOBACCO USE CONTRIBUTE TO DEATH?
Anemia Chronic Kidney Disease	☐ 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 to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☐ No X Unknown

48. CERTIFIER (Check only one box) ☐ Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. X Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated.

Certifier Name (Type or Print): Francis X Walsh MD — Certifier Signature: [signature] — Title of Certifier: MD — Date Certified: 10/2/07

49. MAILING - CERTIFIER (Street) 31 River Rd (City or Town) Cos Cob (State) CT (Zip) 06807

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON:	BY	REGISTRAR
OCT 03 2007	Barbara Lowden	

50. DECEDENT'S EDUCATION	51. DECEDENT OF HISPANIC ORIGIN?	52. DECEDENT'S RACE
Check the box that best describes the highest degree or level of school completed at the time of death. ☐ 8th grade or less ☐ 9th - 12th grade, no diploma XX High School Graduate/GED ☐ Some college credit, but no degree ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate or Professional degree ☐ Unknown ☐ Not available	XX No, Not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (specify)	XX White ☐ Black or African American ☐ Asian Indian ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (specify) ☐ Other (specify)

53. DECEDENT'S USUAL OCCUPATION	54. KIND OF BUSINESS/INDUSTRY	55. SOCIAL SECURITY NUMBER
Customer service Rep	Petro Oil	041-05-9654

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 Lowden
ASSISTANT REGISTRAR July 11, 2008

LEGAL FEE: $10.00
THIS CERTIFICATE NOT VALID WITHOUT SEAL