NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

RECORDED DISTRICT

REGISTER NUMBER

DECEDENT

1. NAME: FIRST Margaret MIDDLE L. LAST Button
2. SEX: MALE ☐ 1 FEMALE ☒ 2
3A. DATE OF DEATH: MONTH Jan DAY 1 YEAR 93
3B. HOUR: 10:55a m
4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA ☐ 1 ER ☐ 2 HOSPITAL OUTPATIENT ☐ 3 HOSPITAL INPATIENT ☐ 4 NURSING HOME ☒ PRIVATE RESIDENCE ☐ OTHER (Specify)
4B. IF FACILITY, DATE ADMITTED: MONTH Feb DAY 11 YEAR 92
4C. NAME OF FACILITY: (If not facility give address) Reconstruction Home
4D. LOCALITY: (Check one and specify) CITY OF ☒ VILLAGE OF ☐ TOWN OF ☐ Ithaca
4E. COUNTY OF DEATH: Tompkins
4F. MEDICAL RECORD NO. 92054121986
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☐ YES ☒ Tompkins Community Hospital, Ithaca, Tompkins, NY
5. DATE OF BIRTH: MONTH Dec DAY 29 YEAR 1920
6. AGE: 72 yrs. IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes
7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) Ithaca, New York
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: 054-12-1986
13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED OR SEPARATED ☒ 2 WIDOWED ☐ 3 DIVORCED ☐ 4
14. SURVIVING SPOUSE: (If wife, provide maiden name) Ralph Button
15A. USUAL OCCUPATION: (Do not enter retired) homemaker
15B. KIND OF BUSINESS OR INDUSTRY: own home
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Dryden, NY
16A. RESIDENCE, STATE: New York
16B. COUNTY: Tompkins
16C. LOCALITY: (Check one and specify) CITY OF ☐ VILLAGE OF ☐ TOWN OF ☒ Dryden
16D. STREET AND NUMBER OF RESIDENCE: 3 Brightday Rd., Little Creek Park Dryden, NY
16E. ZIP CODE: 13053
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☐ NO IF NO, SPECIFY TOWN:

PARENTS

17. NAME OF FATHER: FIRST Louis MI LAST Petrien
18. MAIDEN NAME OF MOTHER: FIRST Cora MI LAST Johnson

DISPOSITION

19A. NAME OF INFORMANT: Mr. Ralph Button
19B. MAILING ADDRESS: (Include zip code) 3 Brightday Rd. Little Creek Park 13053 Dryden, NY
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) HOLD MONTH Jan DAY 5 YEAR 93
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Groton Rural Cemetery
20C. LOCATION: (City or town and state) Groton, NY
21A. NAME AND ADDRESS OF FUNERAL HOME: Herson Funeral Home 110 S. Geneva St. Ithaca, NY 14850
21B. REGISTRATION NUMBER: 00923
22A. NAME OF FUNERAL DIRECTOR: Ronald A. Brunelli, Jr.
22B. SIGNATURE OF FUNERAL DIRECTOR: Ronald A. Brunelli Jr.
22C. REGISTRATION NUMBER: 00549
23A. SIGNATURE OF REGISTRAR: Deputy Shirley J. Burns
23B. DATE FILED: MONTH 1 DAY 4 YEAR 93
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Shirley J. Burns
24B. DATE ISSUED: MONTH 1 DAY 4 YEAR 93

Registrar of Vital Records Tompkins County-Ithaca, N.Y. 1-4 1993

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 AND TITLE: ▶ MONTH 01 DAY 02 YEAR 93

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.
SIGNATURE AND TITLE: ▶ ☐ CORONER ☐ CORONER'S PHYSICIAN ☐ MEDICAL EXAMINER

25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH 8 DAY 30 YEAR 86 TO MONTH 01 DAY 01 YEAR 93
25C. LAST SEEN ALIVE: MONTH 12 DAY 24 YEAR 92

25B. PRONOUNCED DEAD ON MONTH DAY YEAR
25C. HOUR: m
25D. DATE SIGNED: MONTH DAY YEAR

25D. NAME OF ATTENDING PHYSICIAN: FELCIT
25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER: ▶
25D. ATTENDING PHYSICIAN LICENSE NUMBER: 089645 NY
25F. MED/COR. PHYS. LICENSE NUMBER
26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A: [illegible] Ithaca NY 14850

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
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) Cardiac Arrhythmia — 15 min
DUE TO OR AS A CONSEQUENCE OF:
(B)
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):

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:
31E. 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

NAME OF DECEDENT: _____
For use by physician or institution

DOH-1961 (1/91)

VS-60