

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH State of Delaware (107)

OFFICE OF
VITAL
STATISTICS

LOCAL REG. NO.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

DECEDENT

TO FUNERAL DIRECTOR: After certificate has been signed by attending physician and completely filled in with required information, file parts 1 and 2 with Registrar within 72 hrs. after death and then use Burial/Transit Permit for disposition of body.

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST) **Eugene F. Clarahan** Male **May 26, 1999**

2. SEX **Male** 3. DATE OF DEATH (MO., DAY, YR.) **May 26, 1999**

4. SOCIAL SECURITY NO. **74** 5A. AGE (YRS) **74** 5B. UNDER 1 YEAR MONTHS **0** 5C. UNDER 1 DAY HOURS **0** 6. DATE OF BIRTH (MO., DAY, YR.) **May 12, 1925** 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Philadelphia, PA**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES NO 9. ANATOMICAL GIFT CONSENT GRANTED NOT GRANTED 10A. PLACE OF DEATH (CHECK ONLY ONE, SEE INSTRUCTIONS ON OTHER SIDE) HOSPITAL INPATIENT OUTPATIENT DOA OTHER NURSING HOME RESIDENCE OTHER (SPECIFY)

10B. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER) **Christiana Care Health Services** 10C. CITY, TOWN, OR LOCATION OF DEATH **Newark** 10D. COUNTY OF DEATH **New Castle**

11. MARITAL STATUS - MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPEC.) **Never Married** 12. MOST RECENT SPOUSE (LIVING OR DECEASED (MAIDEN NAME IF WIFE)) **N/A** 13A. DECEDENT'S USUAL OCCUPATION (KIND OF WORK DURING MOST OF WORKING LIFE, DO NOT USE RETIRED) **Catholic Priest** 13B. KIND OF BUSINESS/INDUSTRY **Religious**

14A. RESIDENCE - STATE **Delaware** 14B. COUNTY **New Castle** 14C. CITY, TOWN, OR LOCATION **Wilmington** 14D. STREET AND NUMBER **905 Milltown Road**

14E. INSIDE CITY LIMITS? (YES OR NO) **No** 14F. ZIP CODE **19808** 15. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY NO OR YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO YES **White** 16. RACE - AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY) **White** 17. DECEDENT'S EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **4+**

PARENTS

18. FATHER'S NAME (FIRST, MIDDLE, LAST) **John Clarahan** 19. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME) **Bridget (Duffy)**

INFORMANT

20A. INFORMANT'S NAME (TYPE/PRINT) **[Signature]** 20B. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) **[Address]**

DISPOSITION

21A. METHOD OF DISPOSITION BURIAL CREMATION REMOVAL FROM STATE OTHER (SPECIFY) **[Signature]**

21B. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE) **All Saints Cemetery** 21C. LOCATION (CITY, TOWN, STATE) **Wilmington, Delaware**

22A. SIGNATURE OF FUNERAL DIRECTOR **[Signature]** 22B. LICENSE NUMBER (OF LICENSEE) **K1000478** 23. NAME AND ADDRESS OF FACILITY **Doherty Funeral Home 1900 Delaware Avenue, Wilm., DE 19806**

24. REGISTRAR'S SIGNATURE **[Signature]** 25. DATE FILED (MO., DAY, YR.) **JUN 7 1999**

PRONOUNCING OFFICIAL

ITEMS 27-29 MUST BE COMPLETED BY PHYSICIAN OR NURSE WHO PRONOUNCES DEATH.

26A. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED BY SIGNATURE AND TITLE **[Signature]** 26B. LICENSE NUMBER **10003160** 26C. DATE SIGNED (MO., DAY, YR.) **05-26-99**

27. TIME OF DEATH (CHECK ONLY ONE) AM PM **10:55** 28. DATE PRONOUNCED DEAD (MO., DAY, YR.) **May 26, 1999** 29. WAS CASE REFERRED TO MEDICAL EXAMINER? (YES OR NO) **No**

CERTIFIER

SEE DEFINITION ON OTHER SIDE

30. SIGNATURE AND TITLE OF CERTIFIER **[Signature]** 30A. LICENSE NUMBER **10003160** 30B. DATE SIGNED (MO., DAY, YR.) **5/27/99**

31. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 40) (TYPE/PRINT) **Kevin Boyle, M.D., 7th & Clayton Sts., Suite 401, W.D. Wilmington, Delaware 19805**

32A. WAS AN AUTOPSY PERFORMED? YES NO 32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES NO 33. MANNER OF DEATH NATURAL ACCIDENT SUICIDE HOMICIDE PENDING INVESTIGATION UNDETERMINED 34. INJURY IN AT WORK? YES NO 35. DATE OF INJURY (MO., DAY, YR.) **[Blank]** 36. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY)) **[Blank]** 37. DESCRIBE HOW INJURY OCCURRED **[Blank]** 38. TIME OF INJURY AM PM **[Blank]** 39. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY, OR TOWN, STATE) **[Blank]**

TO HOSPITAL OR PHYSICIAN - DELAWARE LAW REQUIRES THAT THE DEATH CERTIFICATE BE EXECUTED WITHIN 72 HOURS AFTER DEATH

40. PART I DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE PER EACH LINE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (FINAL DISEASE, INJURY OR CONDITION THAT IN YOUR OPINION CAUSED THE DEATH)

(A) **Respiratory Failure**

DUE TO (B) **Anoxic Encephalopathy**

SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY WHICH INITIATED EVENTS RESULTING IN DEATH) LAST.

DUE TO (C) **Sudden Cardiac Death**

DUE TO (D) **Ventricular Fibrillation**

PART II OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO CAUSE OF DEATH **Congestive Heart Failure**

L065738

(1) ORIGINAL COPY STATE **JUN 7 1999 052964**

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State Registrar

