

REG 18
Aug 88
743745

New Jersey State Department of Health
CERTIFICATE OF DEATH

STATE USE ONLY

0021663

1 NAME OF DECEASED (First) Helen		(Middle) M.		(Last) Cameron		STATE USE ONLY	
2 DATE OF DEATH 4/9/91	3 SEX F	4 DATE OF BIRTH 4/17/02	5a AGE - Last Birth 88	5b UNDER 1 YEAR Months Days Hours Minutes	5c UNDER 1 DAY Hours Minutes		
6 SOCIAL SEC. NO. 154-05-8463		7a PLACE OF DEATH HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (Specify)					
7b FACILITY NAME (If not institution, give street and no.) Burlington Woods Convalescent Center Burl. Twp.		7c CITY/TOWN OR LOCATION Burlington		7d COUNTY Burlington			
8a RESIDENCE (State) NJ	8b COUNTY Burlington	8c CITY OR TOWN Florence	8d STREET AND NUMBER 423 W. 3rd St.		8e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8f ZIP CODE 08518	
9 BIRTHPLACE (City & State, or Foreign Country) Jacobstown, NJ		10a DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10b IF YES, WAR DATES (From, To) -		11 MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	
12 SURVIVING SPOUSE (If Wife, Maiden Name) None		13 USUAL OCCUPATION (Kind of work done most of life, even if retired) Housewife			14 KIND OF BUSINESS OR INDUSTRY Home		
15 NAME AND ADDRESS OF LAST EMPLOYER None							
16 RACE 1 <input checked="" type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK		3 <input type="checkbox"/> AMER. INDIAN 4 <input type="checkbox"/> OTHER (Specify):		17 OF HISPANIC ORIGIN? IF YES, SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18 DECEDENT'S EDUCATION Highest Grade Completed -	
19 NAME OF FATHER (First) Harry		(Middle) Davis		(Last) Mary		(Last) Pullen	
21a NAME OF INFORMANT Loretta Weeast		21b RELATIONSHIP Daughter		22a DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> OTHER (Specify):			
22b NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		22c CITY OR TOWN Florence		22d STATE NJ			
23a NAME AND ADDRESS OF FUNERAL HOME Dennison Funeral Home - 214 W. Front St, Florence, NJ 08518							
23b SIGNATURE OF FUNERAL DIRECTOR Richard S. Dennison		23c N.J. LICENSE NO. 2796		24a SIGNATURE OF LOCAL REGISTRAR Catherine Brehm		24b DATE RECEIVED 4-10-91	
25a TIME OF DEATH 7:00 A M		25b DATE AND HOUR PRONOUNCED DEAD DATE: 4-9-91		HOUR: 8:05 A M		25c DATE SIGNED 4-9-91	
Complete Items 25c-d only when certifying physician is not available at time of death to certify cause of death		25c TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT TIME, DATE, AND PLACE INDICATED SIGNATURE OF PRONOUNCER (If different than certifier) BPPK				25d DATE SIGNED 4-9-91	
26 PART I IMMEDIATE CAUSE (Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or INTERVAL BETWEEN ON-							

PHYSICIAN Please Print

NAME OF DECEASED AS KNOWN BY A TENDING PHYSICIAN

DATE OF DEATH

TIME OF DEATH

4-9-91 7:00 AM

STATE USE ONLY

IND/OCC

961914

CAUSE

414.0

PLACE OF ACC

CROSS CLASS

29 DEATH DUE TO <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		30a DATE OF INJURY		30b TIME OF INJURY M		30c INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		30d DESCRIBE HOW INJURY OCCURRED	
30a PLACE <input type="checkbox"/> STREET <input type="checkbox"/> OTHER (Specify):		30b HOME <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> FARM <input type="checkbox"/> FACTORY		30c CITY AND COUNTY		30d STATE		30e NAME AND ADDRESS OF CERTIFIER B. Riviere Jr. D.O. 216 South Hill Rd. Florence, NJ 08518		30f CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> PRONOUNCER AND CERTIFIER	
30f TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE SIGNATURE OF CERTIFIER BPPK		30g DATE SIGNED 4-9-91									