

STATE OF NEW JERSEY

NEW JERSEY DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1a. Legal Name of Decedent (First, Middle, Last, Suffix)				LIME ONLY	
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)				<input type="checkbox"/>	
2. Sex	3. Social Security Number	4a. Age	5. Date of Birth (Mo/Day/Yr)		
6. Birthplace (City & State/Foreign Country)					
7a. Residence-State		7b. County		7c. Municipality/City	
7d. Street and Number		7e. Apt. No.	7f. Zip Code	7g. Inside City Limits?	
8a. Ever In US Armed Forces?		8b. If Yes, Name of War:		8c. War Service Dates (From/To):	
9. Domestic Status at Time of Death			10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last)					
12. Mother's Name Prior to First Marriage (First, Middle, Last)					
13a. Name of Informant				13b. Relationship to Decedent	
13c. Home Address (Street and Number, City, State, Zip Code)					
14. Method of Disposition		15. Place of Disposition (name of cemetery, crematory, other)		16. Location- City & State/Foreign Country	
17. Name and Complete Address of Funeral Facility					
18. Electronic Signature of Funeral Director				19. NJ License Number	
20. Decedent Education		21. Decedent of Hispanic Origin?		22. Decedent Race	
23. Occupation of Decedent (Type of work done most of life, even if retired)			24. Kind of Business/Industry		
25. Name and Address of Last Employer					
26. Date Pronounced Dead (Mo/Day/Yr)			28. Name of Person Pronouncing Death		
27. Time Pronounced Dead (24-hr)		29. License Number		30. Date Signed (Mo/Day/Yr)	
31. Date of Death (Mo/Day/Yr)		32. Time of Death (24-hr)		33. Was Medical Examiner Contacted?	
34. Place of Death		35a. Facility Name (if not institution, give street and number)			
35b. Municipality			35c. County		
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently 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.					
Immediate Cause				Interval Between Onset and Death	
a. Due to (or as a consequence of):				few years	
b. Due to (or as a consequence of):					
c. Due to (or as a consequence of):					
d. Due to (or as a consequence of):					
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.				37. Was an Autopsy Performed?	
				38. Were Autopsy Findings Available to Complete Cause of Death?	
39. Date of Injury (Mo/Day/Yr)		40. Time of Injury (24-hr)		41. Place of Injury (e.g. home, construction site, restaurant)	
42. Injury at work?		43a. Location of Injury (Number and Street, Zip Code)		43b. Municipality	
43c. County		43d. State		45. If Transportation Injury:	
44. Describe How Injury Occurred					
46. Manner of Death		47. Did Decedent Have Diabetes?		48. Did Tobacco Use Contribute to Death?	
49. If Female, Pregnancy State					
50. Certifier Type		51. Name, Address, and Zip Code of Certifier			
52. Electronic Signature of Certifier				53. License Number	
54. Date Certified (Mo/Day/Yr)				55. Electronic Signature of Local Registrar	
56. District No.		57. Date Received		Case ID Number	

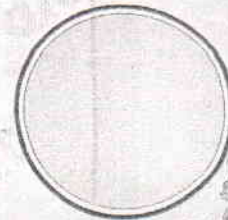
Record Contains Amendment

DATE ISSUED: [Redacted]  
ISSUED BY: [Redacted]

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Vincent T. Arris  
Vincent T. Arris  
State Registrar  
Office of Vital Statistics and Registry



REG-42B  
JAN 13

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

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