Please Type or Print in Black Indelible Ink. Assure Aii Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 06628
Reg. No.

Physician /Medical Examiner

1. Decedent's Neme *(First, Middle, Last)*: ELIZABETH BRUNKHARDT

2. Data of Deeth — Month: FEBRUARY Dey: 18 Yeer: 1997

3. Tima of Death: 2:45 PM

4a. Facility Neme *(If not Institution, give street end number)*: BERLIN NURSING & REHAB. CTR.

4b. City, Town, or Location of Deeth: BERLIN

4c. County of Death: WORCESTER

Funeral Director

5. Sociel Security Number: 138-58-5873

6. Sex: 1☐ M 2☒ F

7. Age *(In yrs. lest birthdey)*: 101 Yrs.

If Under 1 Yaar — Months: Deys:

If Under 24 Hrs. — Hours: Min.:

8. Date of Birth *(Month, Dey, Year)*: 11-1-95

9. Birthpieca *(Stata or Foreign Country)*: HOLLAND

Usual Residence of Decedant

10e. Stete: MD.

10b. County: WORCESTER

10c. City, Town or Location: BERLIN

10d. Inside City Limits: 1☐ Yes 2☒ No

10e. Street end Number: 17 SUNDIAL CIRCLE

10f. Zip Coda: 21811

10g. Citizen of What Country?: USA

11. Maritel Status: 1☐ Never Merried 2☐ Merried 3☒ Widowad 4☐ Divorced

12. Wes Decedent Ever in U.S. Armed Forcas? 1☐ Yes 2☒ No — If Yes, Give Yeer or Detes:

13. Wes Decedent of Hispenic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1☐ Yes 2☒ No *Specify:*

14. Rece - American Indien, Bleck, White, etc. *Specify:* WHITE

15. Decedent's Education *(Specify only highest grade completed)*

Elementery/Secondery (0-12): 12

College (1-4or 5+):

16e. Decedent's Usuel Occupation *(Give kind of work done during most of working life. DO NOT use retired)*: HOMEMAKER

16b. Kind of Business/Industry: OWN HOME

17. Fether's Name *(First, Middle, Last)*: MARINUS DANIELS

18. Mother's Neme *(First, Middle, Meidan Surneme)*: JACOBA DANIELS

19e. Informent's Neme/Reletionship *(Type, Print)*: BETTY LARSEN

19b. Meiling Address *(Street end Number or Rural Route Number, City or Town, Stete, Zip Code)*: 1448 OCEAN PINES BERLIN, MD., 21811

20a. Method of Disposition: 1☐ Burial 2☒ Cremetion 3☐ Removel from Stete 4☐ Donetion 5☐ Other *(Specify)*

20b. Piece of Disposition *(Neme of cemetery, cremetory or other pieca)*: SALISBURY CREMATORY

Data: 2-19

20c. Location - City or Town, Stata: SALISBURY, MD.

21. Signature of Funeral Service Licensee

22. Name and Address of Facility: ULLRICH FUNERAL HOME BERLIN, MD., 21811

To Be Completed by Funeral Director

Physician /Medical Examiner

Medical Certification: To Be Completed by Physician/Medical Examiner

23e. Pert I. Enter the diseese, or complicetions thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heert feiiure. List only one ceuse on eech line.

Approximate Interval Between Onset end Death

Immediete Ceuse (Finel diseese or condition resulting in deeth)
e. Arteriosclerotic Cardiovascular Disease — 5 yrs.

Due to (or es e consequence of):

Sequentielly list conditions, if any, leeding to immediete ceusa. Entar Underlying Cause (Diseese or injury thet initieted events rasulting in deeth) Lest
b. Generalized Atherosclerosis — 5 yrs

Due to (or es e consequence of):

c.

Due to (or es a consequence of):

d.

Part II. **Other significant conditions** contributing to death but not rasulting in the underlying cause given in Part I.

Senile Dementia. Organic Brain Syndrome Hypertension. Peripheral Vascular Disease. Open Angle Glaucoma. Blindness

23b. **Did tobacco use contribute to the cause of death?** 1☐ Yes 2☐ No 3☐ Probably 4☒ Unknown

24e. Wes en autopsy performed? 1☐ Yes 2☒ No

24b. Were autopsy findings avaiiabia prior to completion of cause of deeth? 1☐ Yes 2☒ No

25. Wes cese referred to medicel exeminer? 1☐ Yas 2☒ No

28. Piece of Deeth *(Check only one)*

Hospitel: 1☐ Inpatient 2☐ ER/Outpetient 3☐ DOA

Other: 4☒ Nursing Homa 5☐ Residence 6☐ Other *(Specify)*

27. Menner of Deeth: 1☒ Neturei 2☐ Accident 3☐ Suicide 4☐ Homicide 5☐ Pending investigation 6☐ Could not be determined

28e. Dete of Injury *(Month, Dey Year)*

28b. Time of Injury M

28c. Injury at Work? 1☐ Yes 2☐ No

28d. Describe how injury occurred

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. *(Specify)*

28f. Location *(Streat and Number or Rural Route Number, City or Town, Stete)*

29a. Certifier *(Check only one)*

1☒ **Certifying Physician**: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2☐ **Medical Examiner**: On the basis of exemination end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) and menner stated.

29b. Signature and title of certifier

29c. License number: D29505

29d. Deta signed *(Month, Dey, Year)*: 2-18-97

30. Neme end address of person who completed ceuse of deeth (Item 23e) (Type, Print)

GREGORIO BELLOSO, M.D. 5302 CHINABERRY DR. SALISBURY MD 21801

State Registrar

31. Dete filed *(Month, Day, Year)*: FEB 19 1997

32. Registrer's Signeture

Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.

Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

DHMH 16 Rev 6/95