

RHODE ISLAND DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)					
1. JOHN		B	DANESE	M	2. M	3. 6-10-75					
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH					
4. WHITE		5a. 61	5b.	5c.	6. 3-14-1914	7a. KENT COUNTY					
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)									
7b. WARWICK		7c. KENT COUNTY (004)									
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. RHODE-ISLAND		9. U.S.		10. MARRIED		11. RITA M CHAREST					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
12. 038-03-2666		13a. RET. TRUCK DRIVER		13b. TRUCKING BUSINESS							
CITY OR TOWN OF RESIDENCE		MAILING ADDRESS OF RESIDENCE—STREET OR R.F.D. AND NUMBER, CITY OR TOWN, STATE, ZIP CODE									
14a. WARWICK		14b. 92 SHAND AV. WARWICK, R.I.									
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—	FIRST	MIDDLE	MAIDEN NAME			
15. FRANK		DANESE			16. PHILMENA	SPAGNOLI					
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. RITA M DANESE				17b. 92 SHAND AV. WARWICK, R.I.							
PART I. DEATH WAS CAUSED BY:						[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. IMMEDIATE CAUSE											
(a) Coronary Thrombosis								1 day			
DUE TO, OR AS A CONSEQUENCE OF:											
(b) Arterio-sclerotic Heart Disease								10 yrs			
DUE TO, OR AS A CONSEQUENCE OF:											
(c) Generalized Arterio-sclerosis								15 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE(S) OF DEATH			
						19a. NO		19b.			
ACCIDENT (SPECIFY YES OR NO)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)							
20a.	20b.	20c.		M. 20d.							
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)									
20e.	20f.	20g.									
CERTIFICATION—PHYSICIAN		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED (HOUR)	AT THE PLACE, DATE, AND BEST OF MY KNOWLEDGE, DUE TO CAUSE(S) STATE
21a. ATTENDED THE DECEASED FROM:		7.	1	68	5	19	75	5 19 75	21d.	2.46 P.M.	
PHYSICIAN—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
22a. DIMITRU CARAMICIU		22b. Dimitru Caramiciu MD		22c. MD		22d. 6-10-75					
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
23. 390 TOLLGATE RD.		WARWICK,		R-I.		02886					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE			
24a. BURIAL		24b. ST. JEAN BAPTIST		24c. SO. BELLINGHAM, MASS.							
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
24d. 6-14-75		25a. PRATA, 76 PROVIDENCE ST. WOODSOCKET R.I.				02895					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
25b. J. Lucian Curvescu		26a. Thomas N. Wilson		26b. June 12, 1975							

I, the undersigned, City Clerk of the City of Warwick, State of Rhode Island, hereby certify that the above is a true copy of the record as recorded in said City of Warwick.

Witness my hand and seal of said City.

*Thomas N. Wilson*

City Clerk

Date:

JUN 16 1975

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL