

RECORDED DISTRICT  
4460  
REGISTER NUMBER  
2

DEPARTMENT OF HEALTH  
CERTIFICATE  
OF DEATH

COPY 092017

RESIDENCE

1. NAME: FIRST MIDDLE LAST  
Robert Allen Rice  
2. SEX: MALE FEMALE  
3A. DATE OF DEATH: MONTH DAY YEAR  
05 17 2001  
3B. HOUR: 7:05 AM

NCHS

4A. PLACE OF DEATH: HOSPITAL HOSPITAL OUTPATIENT NURSING HOME PRIVATE RESIDENCE OTHER (Specify)  
Hospice  
4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR

4C

4C. NAME OF FACILITY: (If not facility, give address)  
1599 U.S. Highway 11, lot 13  
4D. LOCALITY: (Check one and specify)  
CITY VILLAGE TOWN  
Gouverneur  
4E. COUNTY OF DEATH: St. Lawrence

4D

4F. MEDICAL RECORD NO.  
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state)

DECEASED

5. DATE OF BIRTH: MONTH DAY YEAR  
May 28 1914  
6A. AGE IN YEARS: 86  
6B. IF UNDER 1 YEAR: MONTHS DAYS  
6C. IF UNDER 1 DAY: HOURS MINUTES  
7A. CITY AND STATE OF BIRTH: (If not USA, County and Republic/Territory)  
Gouverneur, NY  
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH

7A

8. BORN IN U.S. ARMED FORCES? NO YES  
9. RACE: (Check, W/M/O, etc.) white  
10. HISPANIC ORIGIN? (If yes, specify)  
11. DECEDENT'S EDUCATION: (Check only the highest year of school completed. Do not enter range; enter exact number of years.)  
Elementary/Secondary (0-12) 12 College (14 or 16)

7B

12. SOCIAL SECURITY NUMBER: 121-14-7716  
13. MARITAL STATUS: NEVER MARRIED MARRIED SEPARATED WIDOWED DIVORCED  
14. SURVIVING SPOUSE: Enter name of married or widowed; if surviving spouse is with, enter maiden name.  
Geneva Blair

9

15A. USUAL OCCUPATION: (Do not enter retired) minor  
15B. KIND OF BUSINESS OR INDUSTRY: talc mining  
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Gouverneur Talc Co., Balmat

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18A. RESIDENCE: State or Country (If not USA) New York  
18B. County or Region/Province (If not USA) St. Lawrence  
18C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN  
Gouverneur  
18F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ( ) NO ( )  
IF NO, SPECIFY TOWN

17

16D. STREET AND NUMBER OF RESIDENCE: U.S. Highway 11, lot 13  
16E. ZIP CODE: 13642

8I

17. NAME OF FATHER: FIRST MI LAST  
Allen Rice  
18. MAIDEN NAME OF MOTHER: FIRST MI LAST  
Mary Bassett

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18A. NAME OF INFORMANT: Geneva Rice  
18B. MAILING ADDRESS: (Include zip code) 1599 U.S. Highway 11, lot 13, Gouverneur, NY 13642

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20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) cremation  
20B. PLACE OF BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION: Frederick Brothers Crematory, Theresa, NY  
20C. LOCATION: (City or town and state)  
20D. REGISTRATION NUMBER: 00767

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21A. NAME AND ADDRESS OF FUNERAL HOME: Green Funeral Home, Inc., 33 Park Street, Gouverneur, NY 13642  
21B. SIGNATURE OF FUNERAL DIRECTOR: Michael V. Green  
21C. REGISTRATION NUMBER: 02053

31B

23A. SIGNATURE OF REGISTRAR: Joani Hall  
23B. DATE FILED: 05 18 2001  
23C. DATE OF REMOVAL PERMIT ISSUED BY: Joani Hall  
23D. DATE ISSUED: 05 18 2001

CERTIFIER

ITEMS 28 A-E THRU 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - ITEMS 28 A-K THRU 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

OR

29A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE INDICATED TO THE CAUSES STATED.  
SIGNATURE: [Signature]  
29B. THIS PHYSICIAN ATTENDED THE DECEDENT FROM TO BY ATTENDANT:  
29C. LAST SEEN ALIVE BY ATTENDANT:  
29D. NAME OF ATTENDING PHYSICIAN: John M. Callahan  
29E. ATTENDING PHYSICIAN LICENSE NUMBER: NY 20854

OR

29F. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN IDENTIFIER:  
29G. PHONEMOUS DEAD OR: MONTH DAY YEAR  
29H. HOUR: MONTH DAY YEAR  
29I. DATE EXAMINED: MONTH DAY YEAR

OCOD

CANCER

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 29A OR 29F.  
27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION  
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? YES NO  
29A. AUTOPSY? YES NO  
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? YES NO

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30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))  
PART I IMMEDIATE CAUSE: Respiratory Failure 2° Pleural Effusion months  
(B) DUE TO OR AS A CONSEQUENCE OF: Pleural Tumor year  
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (A): Talcum Exposure

31A

31A. IF INJURY, DATE: MONTH DAY YEAR  
31B. INJURY LOCALITY: (City or town and county and state)  
31C. DESCRIBE HOW INJURY OCCURRED

31D

31D. PLACE OF INJURY:  
31E. INJURY AT WORK? NO YES  
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES  
33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 9 MONTHS? NO YES  
33B. DATE OF DELIVERY: MONTH DAY YEAR

DOH-1861 (02-2000)

EXHIBIT 8