RECORDED DISTRICT 4423

REGISTER NUMBER 48

# NEW YORK STATE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE | NCHS | 4C | 4G | 7A | 7B | 8 | 10 | SI | 25 | 30 | 31 | 31B | QR | QS | QCOD | CANCER

## DECEDENT

1. NAME: FIRST George (~~EVANS~~) MIDDLE Richard LAST EVANS
2. SEX: MALE [X] 1 FEMALE [ ] 2
3A. DATE OF DEATH: MONTH 06 DAY 10 YEAR 95
3B. HOUR: 2040 m
4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA [ ] 1 ER [ ] 2 HOSPITAL OUTPATIENT [ ] 3 HOSPITAL INPATIENT [X] 4 NURSING HOME [ ] PRIVATE RESIDENCE [ ] OTHER (Specify)
4B. IF FACILITY, DATE ADMITTED: MONTH 06 DAY 05 YEAR 95
4C. NAME OF FACILITY: (If not facility give address) EJ Noble Hospital
4D. LOCALITY: (Check one and specify) CITY OF [ ] VILLAGE OF [X] TOWN OF [ ] Gouverneur
4E. COUNTY OF DEATH: St. Lawrence
4F. MEDICAL RECORD NO. 0080856
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO [X] YES [ ]
5. DATE OF BIRTH: MONTH 12 DAY 31 YEAR 23
6. AGE: 71 yrs. IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes
7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) Gouverneur, N.Y.
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? NO [ ] 0 YES [X] 1 (Specify years) 1942-52
9. RACE: (Black, White, etc.) White
10. HISPANIC ORIGIN? (If yes, specify) NO [X] YES [ ]
11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
12. SOCIAL SECURITY NUMBER: 121-14-9708
13. MARITAL STATUS: NEVER MARRIED [ ] 1 MARRIED OR SEPARATED [X] 2 WIDOWED [ ] 3 DIVORCED [ ] 4
14. SURVIVING SPOUSE: (If wife, provide maiden name) MARIAN Fortune
15A. USUAL OCCUPATION: (Do not enter retired) Supervisor
15B. KIND OF BUSINESS OR INDUSTRY: Talc Mining
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Gouverneur Talc Co. Gouverneur
16A. RESIDENCE, STATE: NY
16B. COUNTY: St. Lawrence
16C. LOCALITY: (Check one and specify) CITY OF [ ] VILLAGE OF [X] TOWN OF [ ] Gouverneur
16D. STREET AND NUMBER OF RESIDENCE: 44 W. Barney St
16E. ZIP CODE: 13642
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? [X] YES [ ] NO IF NO, SPECIFY TOWN

## PARENTS

17. NAME OF FATHER: FIRST George MI W. LAST Evans
18. MAIDEN NAME OF MOTHER: FIRST Lela MI LAST Randall
19A. NAME OF INFORMANT: Marian F. Evans
19B. MAILING ADDRESS: (Include zip code) 44 W. Barney St. Gouverneur, N.Y. 13642

## DISPOSITION

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) Cremation MONTH JUN DAY 12 YEAR 1995
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Frederick Brothers Crematory,
20C. LOCATION: (City or town and state) Theresa, N.Y.
21A. NAME AND ADDRESS OF FUNERAL HOME: Green Funeral Home, Inc. 33 Park St., Gouverneur, N.Y.
21B. REGISTRATION NUMBER: 00801
22A. NAME OF FUNERAL DIRECTOR: Martha Green Storrin
22B. SIGNATURE OF FUNERAL DIRECTOR: [signature] Martha Green Storrin
22C. REGISTRATION NUMBER: 04999
23A. SIGNATURE OF REGISTRAR: [signature] Sheryl E. Simmons
23B. DATE FILED: MONTH Jun DAY 12 YEAR 95
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [signature] Sheryl E. Simmons
24B. DATE ISSUED: MONTH Jun DAY 12 YEAR 95

## CERTIFIER

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 / 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.
SIGNATURE: [signature] MONTH 6 DAY 10 YEAR 95

25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. [ ] CORONER [ ] CORONER'S PHYSICIAN [ ] MEDICAL EXAMINER
SIGNATURE AND TITLE:

25B. THE PHYSICIAN ATTENDED THE DECEASED: MONTH 5 DAY YEAR 95 TO MONTH 6 DAY 10 YEAR 95
25C. LAST SEEN ALIVE: MONTH 6 DAY 10 YEAR 95
25B. PRONOUNCED DEAD MONTH DAY YEAR ON
25C. HOUR: m
25D. DATE SIGNED: MONTH DAY YEAR
25D. NAME OF ATTENDING PHYSICIAN: [illegible] M.D
25D. ATTENDING PHYSICIAN LICENSE NUMBER: [illegible]
25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:
25F. ME/COR. PHYS. LICENSE NUMBER
26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A: 77 W. [illegible] Street, Gouverneur NY 13642
27. MANNER OF DEATH: NATURAL CAUSE [X] 1 ACCIDENT [ ] 2 HOMICIDE [ ] 3 SUICIDE [ ] 4 UNDETERMINED CIRCUMSTANCES [ ] 5 PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? [ ] 0 NO [ ] 1 YES
29A. AUTOPSY? NO [ ] 0 YES [ ] 1
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? [ ] 0 NO [ ] 1 YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

## CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE:
(A) CARDIO-PULMONARY ARREST
DUE TO OR AS A CONSEQUENCE OF:
(B) METASTATIC TERMINAL CANCER
DUE TO OR AS A CONSEQUENCE OF:
(C) MESOTHELIOMA (R) LUNG.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH DAY YEAR
HOUR: m
31B. LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE:
31E. AT WORK? NO YES
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES
33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO YES
33B. DATE OF DELIVERY: MONTH DAY

NAME OF DECEDENT: (use by physician or institution)

EXHIBIT 6