

(INSTRUCTIONS ON REVERSE SIDE)

FOR USE BY PHYSICIANS AND MEDICAL EXAMINERS



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

370

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY
4c Hosp
5 Type
8 Hosp Race
10 Age
15 Resid
16 Out-State
23 Disp
31-32 Autos
34 Manner
35c Work Inj
36f Place
36-37 Cert
40a Pron

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT - NAME Eugene G. Villeneuve, Jr.		SEX Male	DATE OF DEATH (Mo., Day, Yr.) November 26, 2007
PLACE OF DEATH (City/Town) Marlborough		COUNTY OF DEATH Middlesex	HOSPITAL OR OTHER INSTITUTION (Name, if not in either, give street and number) UMass Memorial Marlborough Hospital
PLACE OF DEATH (Check only one): <input type="checkbox"/> Impatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	SOCIAL SECURITY NUMBER 028-28-4193
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES		RACE (e.g. White, Black, American Indian, etc.) White	DECEDENT'S EDUCATION (Highest Grade Completed) Elementary Sec (0-12) College (1-4, 5+) 2
AGE - Last Birthday (Yrs.) 70	UNDER 1 YEAR MOS. DAYS HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) Sept. 1, 1937	BIRTHPLACE (City and State or Foreign Country) Marlborough, Massachusetts
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Divorced	LAST SPOUSE (If wife, give maiden name) Florence Wright	USUAL OCCUPATION (Prior - if retired) Truck Driver	KIND OF BUSINESS OR INDUSTRY Transportation
RESIDENCE - No. & St., CITY/TOWN, COUNTY, STATE, COUNTRY 147 Howe Street, Marlborough, Middlesex, Massachusetts		STATE OF BIRTH (If not in US, give country) Vermont	MOTHER - NAME (GIVEN) (MAIDEN) Annette Pazzaneze
FATHER - FULL NAME Eugene G. Villeneuve, Jr.		STATE OF BIRTH (If not in US, give country) Vermont	STATE OF BIRTH (If not in US, give country) Massachusetts
INFORMANT'S NAME Pamela Castanzo		MAILING ADDRESS, NO. & St., CITY/TOWN, STATE, ZIP CODE 13 Gates Road, Shrewsbury, Massachusetts 01545	RELATIONSHIP Daughter
METHOD OF IMMEDIATE DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Regina Bonanno-Slattery	LICENSE # 6742
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) Evergreen Cemetery		LOCATION (City/Town, State) Marlborough, Massachusetts	
DATE OF DISPOSITION (Mo., Day, Yr.) 27 Dec. 1, 2007		NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Slattery Funeral Home, Inc., 40 Pleasant Street, Marlborough, MA 01752	
PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.			Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Stroke			hours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Hypertension			years
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.			
MED. EXAM. NOTIFIED? (Yes or No) Yes		MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED	DATE OF INJURY (Mo., Day, Yr.)
DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY (At home, farm, street, factory, office bldg, etc.) Specify	LOCATION (No. & St., City/Town, State)
36d To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title) Allison LaRusso M.D.		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title)	38
DATE SIGNED (Mo., Day, Yr.) 30 November 26, 2007		DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH 5:05 AM
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		37b PRONOUNCED DEAD (Mo., Day, Yr.)	37c PRONOUNCED DEAD (Hr.)
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) Allison LaRusso 157 Union St Marlboro, Ma 01752		37d	37d LICENSE NO. OF CERTIFIER 213743
38 WAS THERE A PRONOUNCEMENT FORM? (Yes or No) NO		IF YES, DATE PRONOUNCED	IF YES, TIME PRONOUNCED
40a		40b	40c NAME OF PRONOUNCER P.N. P.A. P.N.P.
DATE BURIAL PERMIT ISSUED November 29, 2007		RECEIVED IN THE CITY/TOWN OF Marlborough	
SIGNATURE OF HEALTH AGENCY Dan P. Slattery		CLERK'S SIGNATURE [Signature]	
41		DATE OF RECORD NOV. 29, 2007	

Pronouncement of Death Form (R-302) on File:

PERMANENT BLACK INK ONLY

R-301-07

A TRUE COPY

Attest:
[Signature]
City Clerk
Marlborough, MA 01752