

# CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK      HOLD TO LIGHT TO VIEW

## The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

R178641

The Commonwealth of Massachusetts MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS		2012-14269 <small>OCME CASE NUMBER</small>	12 2704 / <small>REGISTERED NUMBER</small>	052944 <small>STATE USE ONLY</small>
1 DECEDENT - NAME    FIRST    MIDDLE    LAST Jay    Hudson    Bassett		2 SEX M	3 DATE OF DEATH (Mo., Day, Yr.) November 25, 2012	
4a PLACE OF DEATH (City/Town) Worcester		4b COUNTY OF DEATH Worcester		4c HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number) UMASS-Memorial Med Ctr, 55 Lake Ave N
5 PLACE OF DEATH (Office only one) Hospital    Outpatient    CDDA    Other (Check Home    Residence    Other (specify))		6 SOCIAL SECURITY NUMBER 809-93-9619		7 IF US WAR VETERAN Specify War
8a WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify)		8b RACE (specify) White		9 DECEDENT'S EDUCATION (highest grade completed) Exam-Sec (9-12)    College (1-4, 5+) 0
10a AGE - Last Birthday (Yrs) 8    15		10c DATE OF BIRTH (Mo., Day, Yr.) March 10, 2012		11 BIRTHPLACE (City and State or Foreign Country) Providence, Rhode Island
12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Never Married		13 LAST SPOUSE (full name at birth or adoption) None		14a USUAL OCCUPATION (Prior, if retired) Never Worked
14b TYPE OF BUSINESS/INDUSTRY None		15a RESIDENCE - No. and Street, City/Town, County, State/Country 29 Richmond Avenue, Worcester, Worcester, Massachusetts		15b Zip Code 01602
16 FATHER - full name at birth or adoption Marben Santiago		17 STATE OF BIRTH (if not in US, name country) MA	18 MOTHER - full name at birth or adoption Hailey E. Bassett	
19 STATE OF BIRTH (if not in US, name country) RI		20 INFORMANT'S NAME Hailey E. Corrente		21 MAILING ADDRESS 29 Richmond Ave., Worcester MA 01602
22 RELATIONSHIP Mother		23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other		24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Kevin L. Mercadante
25 LICENSE # 5985		26a PLACE OF DISPOSITION (Name of cemetery, crematory, or other) Rural Crematory		26b LOCATION (City/Town/State) Worcester, Massachusetts
27 DATE OF DISPOSITION (Mo., Day, Yr.) November 29, 2012		28a/b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Mercadante Funeral Hm, 370 Plantation St., Worcester MA 01605		
29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSE THEN UNDERLYING CAUSE				APPX INTERVAL
a. Immediate Cause: BLUNT TRAUMA TO HEAD/NECK				DAYS
b. Due to				
c. Due to				
d. Due to				
30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH				31 AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes
32 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending investigation		33a DATE OF INJURY NOV. 22, 2012	33b TIME OF INJURY UNKNOWN	33c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> NO NO
34 DESCRIBE HOW INJURY OCCURRED BLUNT TRAUMA INFLICTED BY OTHER(S)		34e PLACE OF INJURY (TYPE) RESIDENCE		
		34f LOCATION/ADDRESS OF INJURY 29 RICHMOND AVE, WORCESTER, MA.		
35 MEDICAL EXAMINER CERTIFICATION (NAME AND ADDRESS) HENRY M. NIELDS, MD, PHD, 720 ALBANY STREET BOSTON, MA 02118		37c APPX TIME OF DEATH 3:37PM	37d DATE PRONOUNCED NOVEMBER 25, 2012	
37e TIME PRONOUNCED 3:37PM		37f DATE SIGNED MAY 22, 2014		
37g DATE SIGNED MAY 22, 2014		38 LICENSE # 78065		
37h DATE SIGNED MAY 22, 2014		39 IF YES, TIME AM    PM		TITLE: <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP
40 DATE BURIAL PERMIT ISSUED Nov. 29, 2012		41 RECEIVED IN CITY/TOWN OF WORCESTER		42 DATE OF RECORD DECEMBER 5, 2012
BURIAL AGENT SIGNATURE s/s Derek S. Brindisi		CLERK'S SIGNATURE 		

VOID IF ALTERED OR ERASED

NOV 19 2014

Antonio C. Sousa  
Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED