## Death Record for Rita M. Izbicki Daughter of Joseph Meleski & Katherine Warchol

N REVERSE SIDE) SE BY NS AND		STANDARD CER STRY OF VITAL R	TIFICATE OF DE ECORDS AND S	TATISTICS		REGISTERED N	001	ST	<b>4669</b>
XAMINERS DECED	DENT - NAME	<sub>FIRST</sub> Rita	MIDDL	e 1.	Tzbi		SEX F	Januar	ио. <i>Day</i> , <i>Yr.)</i> у 1, 2000
1 PLACE	OF DEATH (City/Town	ATTENDED TO STATE OF THE PARTY		TY OF DEATH		SPITAL OR OTHER I		e (If not in either, give	street and number)
40	Yarmo		45	Barnstable	40			e Nursin	
HOSPIT	OF DEATH (Check on TAL: flent ER/Outpatient	A CONTRACTOR OF THE PARTY OF TH	OTHER Nursing Home	Residence Other (S	ipecity)	S	013-22		IF US WAR VETERAN SPECIFY WAR NO
ECEDENT X NO	Specify Puerto Rican, (  YES	#C ORIGIN? Dominican, Cuban, e	to.)	RACE (e.g. While, Black, (Specify)	American India Whi		DECEDENT: Elements	S EDUCATION (Higher try Sec (0-12) Colle	est Grade Completed) ige (1-4, 5+)
AGE - I	88 Specify.  AGE - Lest Birdutay UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.)  MOS. DAYS HOURS MINS Feb. 22, 1911 Worcester, Massachus							etts	
WIDOW	MARRIED, NEVER MARRIED WOOWED OR DIVORCED Widowed Widowed Bernard J. Izbicki						orker	City of	Worcester
RESIDE	ENCE - NO. & ST., CIT 579 Buck	Y/TOWN, COUNTY, Island	STATE/COUNTRY	armouth, Bar	nstab.	le, Massa	achusett	S	2P CODE 02673
10.10140000	GR. FULL NAME Joseph Mel			STATE OF BIRTH (Il not in name country) Polar	US, MOTH	Katherine	(MAIDE	1 STAT	country) Poland
16 INFORM	MANT'S NAME	The state of the s				TY/TOWN, STATE,		2056	RELATIONSHIP
20	oan M. Kei	10 10 10 10 To 10 10 10 10 10 10 10 10 10 10 10 10 10		21018	A CONTRACTOR OF THE CONTRACTOR	p Trail,	Norfolk	COLUMN TO THE PARTY OF THE PART	Niece
50 eue	THOO OF DISPOSITION PLAL FOMBMENT NATION OTH SPE	CREMATION	STATE 24	RAL SERVICE LICENSEE OF R	obert	L. Studl		UCENS 25	5024
259	Notre Date Disposition	ine or contentry, one	ery	DRESS OF FACILITY OR OTH	26b		er, Mass	achusett	s
23 PAR IMMEDI disease in death Sequen	(Mo., Day, Yr.) Jan. 11, 2000 28a/b Doane, Beal & Ames, Inc. 160 W. Main S 29 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 to List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.  MMEDIATE CAUSE (Final disease or condition resulting a Parkinson's Disease  DUE TO YOFF AS A CONSEQUENCE OF S  Sequentially list conditions, if b.							Approximate Interval Between Onset and Deat Years	
CAUSE.	ading to immediate Enter UNDERLYING E (disease or injury that I events resulting in LAST	DUE TO (DR AS A CONSEQUENCE OF)  DUE TO (DR AS A CONSEQUENCE OF)							
100		dditions contributing to	death but not resu	iting in underlying cause giver	s in Part I.			WAS AUTOPSY PERFORMED? (Yes or No) NO	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
ERTIFIER								31	
30 WAS C TO M.E		34 MANNER OF D NATURAL	HOMICIDE CO	ULD NOT BE DETERMINED		TE OF INJURY x, Day, Yr.)		TIME OF INJURY	32 INJURY AT WOR (Yes or No)
of Deathy	E.7	ACCIDENT [	SUICIDE PE	OULD NOT BE DETERMINED  NDING INVESTIGATION  PLACE OF INJURY (At home, street, factory, office bidg  ato) Specify	(Mo 35a LOCATION		vr, State)		
of Deathy	E.? NO) NO RIBE HOW INJURY OC  36a To the best of m cause(s) stated. (Signature	ACCIDENT CURRED	SUICIDE PE	NDING INVESTIGATION PLACE OF INJURY (At home, term, street, factory, office bidgets, ) Specify 15e 1, date, and place and due to t	(Mo 35a LOCATION	o, Day, Yr.) N (No. 8 St., City/Tox		TIME OF INJURY 35b Sior investigation in my	(Yes or No)
of Death  To Mac (Yes or 33 DESCR  File: 12	E.? NO) NO RIBE HOW INJURY OC  35a To the best of m cause(s) stated (Signature and Tible)	CURRED  Ty knowledge, death of Day, Yr.)	SUICIDE PEI	NDING INVESTIGATION PLACE OF INJURY (At home, farm, street, factory, office bidg fact,) Specify  556  date, and place and due to to the control of the control HOUR OF DEATH	JOCATION 35s	N (No. & St., City/Tow 37a On the by date, and (Signature and Tatle)	asis of examination an	TIME OF INJURY  35b  Sior investigation in my cause(s) stated.	(Yes or No) M 35c
of Death  File:     Solution   So	E.? NO) NO RIBE HOW INJURY OC  35a To the best of m cause(s) stated (Signature and Tible)	CURRED  Ty knowledge, death of the control of the c	SUICIDE PER PROPERTY OF THE PR	NDING INVESTIGATION PLACE OF INJURY (At home, term, street, factory, office bidgets, ) Specify 15e 1, date, and place and due to t	JOCATION 35s	37a On the binding of Tries of Signature and Signature and Tries of Signature and Signatur	asis of examination an place and due to the	TiME OF INJURY  35b  Stor investigation in my or cause(s) stated.  H  CYLJ  P  S	(Yes or No)  M 35c  Dopinion death occurred at the life  OUR OF DEATH  To  RONOUNCED DEAD (Hr)
of Death File: 12  TO M.E (Yes or 33 DESCR	E?  7 Mo) No  36a To the best of m cause(a) stated. (Signature and Tale)  DATE SIGNED (MO.  38b Janu  NAME OF ATTENDIN  36d  AND ADDRESS OF CE	Day, Yz.)  Lary 3, 4  Ng Physician if No	SUICIDE PER DOCUMENT OF MEDICAL E	NDING INVESTIGATION PLACE OF IRLINEY (At home, large, threat, factory, office blog stc.,) Specify  15e  THE SPECIFIC AND PLACE AND PLACE TO PLACE  EXAMINER (Type or Print)	JANUARY AND	N (No. & St. City/Tow N (No. & St. City/Tow Signature and Tibo OATE SIGNE 37b W.	asis of examination an place and due to the D (Mo., Day, Yr.) ED DEAD (Mo., Day Yarmout	TIME OF INJURY  35b  Sior investigation in my casse(s) stated.  H  . Yr.J P  3.3	(Yes or No)  M 35c  OUR OF DEATH  7c  RONOUNCED DEAD (Mr)
of Death File:   So  WAS C TO ME (Yes or 33  DESCR  File:   NAME  Se  WAS T PROVIDED  NAME (Yes or 33  NAME  SE  WAS T PROVIDED  YES OR  YES OR  NAME  SE  WAS T PROVIDED  YES OR  YES	Sea To the best of m cause(s) stated. (Signature and Title) DATE SIGNED MA. 386 Janu NAME OF ATTENDIN 386 AND ADDRESS OF CE Edward HERE A OUNCEMENT FORM?	OWACCIOENT COURRED  TO KNOWLEDGE, death of the course of t	SUICIDE PER SUICID	NDING INVESTIGATION PLACE OF INJURY (At home, family, fath home, family, fath home, family, specify, solid,	LOCATION  35a  LOCATION  35b  AM  A  A  A  A  A  A  A  A  A  A  A  A	N (No. & St. Chy/Tow  37a On the b date, and Spanker and Tabo  37b PRONOUNCI 37d  W. Crowell	asis of examination an place and due to the D (Mo., Day, Yr.) ED DEAD (Mo., Day Yarmout	Time OF INJURY  35b  Stor investigation in my or cause(s) stated.  H  37  Yr.J  S  h  MA  U	(Yes or No)  M 35c  DUR OF DEATH  7c  RONOUNCED DEAD (Hr)  7a  CENSE NO. OF CERTIFIER

## Death Record for Rita M. Izbicki Daughter of Joseph Meleski & Katherine Warchol

The Commonwealth of Massachusetts STANDARD DERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS REGISTERED NUMBER STATE USE ONLY 014669 1 DECEDENT - NAME FIRST MIDDLE LAST Rita M. Izbicki 3 DATE OF DEATH (Mo., Day, Yr.) January 1, 2000 4a PLACE OF DEATH (City/Town): Yarmouth 4b COUNTY OF DEATH **Barnstable** 4c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Mayflower Place Nursing Home 5 PLACE OF DEATH (Check only one): OTHER Nursing Home 6 SOCIAL SECURITY NUMBER 013-22-3601 7 IF US WAR VETERALN SPECIFY WAR No 8a WAS DECEDENT OF HISPANIC ORIGIN? NO 8b RACE (e.g. White, Black, American Indian, etc.) (Specify) White 9 DECEDENT'S EDUCATION (Highest Grade Completed) College 6 10a AGE - Lat Birthday (Yrs.) 88 10d DATE OF BIRTH (Mo., Day, Yr.) Feb. 22, 1911 11 BIRTHPLACE (City and State or Foreign Country) Worcester, Massachusetts 12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Widowed 13 LAST SPOUSE (If wife, give maiden name) Bernard J. Izbicki 14a USUAL OCCUPATION (Prior – If Retired) Social Worker 14b KIND OF BUSINESS OR INDUSTRY City of Worcester 15a RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY) 579 Buck Island Road, Yarmouth, Barnstable, Massachusetts 15b ZIP CODE 02673 16 FATHER - FULL NAME Joseph Meleski 17 STATE OF BIRTH (If not in US, name country) Poland 18 MOTHER - NAME (GIVEN) (MAIDEN) Katherine Warchol 19 STATE OF BIRTH (If not in the US, name country) Poland 20 INFORMANT'S NAME Joan M. Kenney 21 MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 8 King Philip Trail, Norfolk, MA 02056 22 RELATIONSHIP Niece 23 METHOD OF DISPOSITION **BURIAL** 24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Robert L. Studley 25 LICENSE # 5024 26a PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) Notre Dame Cemetery 26b LOCATION (City/Town, State) Worcester, Massachusetts 27 DATE OF DISPOSITION (Mo., Day, Yr.) Jun. 11, 2000 28a/b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Doane, Beal & Ames, Inc. 160 W. Main St., Hyannis MA 02601 29 IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Parkinson's Disease Approximate Interval Between Onset and Death Years 31 WAS AUTOPSY PERFORMED? (Yes or No) Nο 33 WAS CASE REFERRED TO M.E. (Yes or No) 34 MANNER OF DEATH 36a To the best of my knowledge, death occurred at the time, date, and place and due to [Signed] Edward A Hutchinson the cause(s) stated. (Signature and Title) 36b DATE SIGNED (Mo., Day, Yr.) January 3, 2000 36c HOUR OF DEATH 7:00 PM 38 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER Edward A. Hutchinison, M.D. 196 Higgins (Type or Print) Crowell Rd. W. Yarmouth, MA 39 LICENSE NO. OF CERTIFIER 32328 40a WAS THERE A PRONOUNCEMENT FORM? (Yes or No) Yes 40b IF YES, DATE PRONOUNCED January 1, 2000 40c IF YES, TIME PRONOUNCED 7:00 PM 40d NAME OF PRONOUNCER TITLE Kelly Wenzel R.N. 41 DATE OF BURIAL PERMIT ISSUED January 5, 2000 SIGNATURE-BD. OF HEALTH AGENT [Signed] Bruce T. Murphy 42 RECEIVED IN THE CITY/TOWN OF Yarmouth CLERK'S SIGNATURE [Signed] Jane E. Hastings 43 DATE OF RECORD Jan. 5, 2000