

# Death Record for Rita M. Izbicki

## Daughter of Joseph Meleski & Katherine Warchol

ON REVERSE SIDE)		The Commonwealth of Massachusetts		014669		
FOR USE BY		STANDARD CERTIFICATE OF DEATH		001		
PHYSICIANS AND		REGISTRY OF VITAL RECORDS AND STATISTICS		STATE USE ONLY		
MEDICAL EXAMINERS				REGISTERED NUMBER		
<b>DECEDENT</b>		DECEDENT - NAME FIRST MIDDLE LAST Rita M. Izbicki		SEX F	DATE OF DEATH (Mo., Day, Yr.) January 1, 2000	
		PLACE OF DEATH (City/Town): Yarmouth		COUNTY OF DEATH Barnstable	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Mayflower Place Nursing Center	
<b>DISPOSITION</b>		PLACE OF DEATH (Check only one): <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER 013-22-3601	IF US WAR VETERAN SPECIFY WAR No	
		WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		RACE (e.g. White, Black, American Indian, etc.) (Specify) White	DECEDENT'S EDUCATION (Highest Grade Completed) Elementary Spec. (0-12) College (1-4, 3+) 6	
<b>INFORMANT</b>		AGE - Last Birthday (Yrs.) 88		DATE OF BIRTH (Mo., Day, Yr.) Feb. 22, 1911	BIRTHPLACE (City and State or Foreign Country) Worcester, Massachusetts	
		MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Widowed		LAST SPOUSE (If wife, give maiden name) Bernard J. Izbicki	USUAL OCCUPATION (Prior - If Retired) Social Worker	KIND OF BUSINESS OR INDUSTRY City of Worcester
<b>CERTIFIER</b>		RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 579 Buck Island Road, Yarmouth, Barnstable, Massachusetts		ZIP CODE 02673		
		FATHER - FULL NAME Joseph Meleski		STATE OF BIRTH (If not in U.S. name country) Poland	MOTHER - NAME (GIVEN) (MAIDEN) Katherine Warchol	STATE OF BIRTH (If not in U.S. name country) Poland
<b>ent of Death on File: <input checked="" type="checkbox"/></b>		INFORMANT'S NAME Joan M. Kenney		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 8 King Philip Trail, Norfolk, MA 02056	RELATIONSHIP Niece	
		23 METHOD OF 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 Robert L. Studley		LICENSE # 5024
<b>ONLY</b>		PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) Notre Dame Cemetery		LOCATION (City/Town, State) Worcester, Massachusetts		
		DATE OF DISPOSITION (Mo., Day, Yr.) Jan. 11, 2000		NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Doane, Beal & Ames, Inc. 160 W. Main St., Hyannis MA 02601		
<b>ent of Death on File: <input checked="" type="checkbox"/></b>		27 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 Years
		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Parkinson's Disease		b. _____		
<b>ONLY</b>		PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.				WAS AUTOPSY PERFORMED? (Yes or No) No
		30 WAS CASE REFERRED TO M.E.? (Yes or No) No				32 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
<b>ONLY</b>		34 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.)	TIME OF INJURY	
		33 DESCRIBE HOW INJURY OCCURRED		35a PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify	35b LOCATION (No. & St., City/Town, State)	35c INJURY AT WORK (Yes or No)
<b>ONLY</b>		36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title) Edward A. Hutchinson		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)		
		DATE SIGNED (Mo., Day, Yr.) January 3, 2000		DATE SIGNED (Mo., Day, Yr.)		
<b>ONLY</b>		38b NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		37b PRONOUNCED DEAD (Mo., Day, Yr.)		
		38d NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) Edward A. Hutchinson, M.D. 196 Higgins Crowell Rd. W. Yarmouth, MA		37c PRONOUNCED DEAD (hr)		
<b>ONLY</b>		38c HOUR OF DEATH 7:00 P		37d LICENSE NO. OF CERTIFIER 32328		
		38a WAS THERE A PRONOUNCEMENT FORM? (Yes or No) Yes		39 TITLE <input checked="" type="checkbox"/> R.N. <input type="checkbox"/> P.A.		
<b>ONLY</b>		38b IF YES, DATE PRONOUNCED January 1, 2000		40d NAME OF PRONOUNCER Kelly Wenzel		
		40a DATE OF BURIAL PERMIT ISSUED January 3, 2000		RECEIVED IN THE CITY/TOWN OF Yarmouth		
<b>ONLY</b>		SIGNATURE - BD. OF HEALTH AGENT Bruce J. Murphy		CLERK'S SIGNATURE Jane E. Hastings		
		DATE OF RECORD Jan. 5, 2000				

# *Death Record for Rita M. Izbicki*

## *Daughter of Joseph Meleski & Katherine Warchol*

The Commonwealth of Massachusetts STANDARD CERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS	
REGISTERED NUMBER	001
STATE USE ONLY	014669
1 DECEDENT – NAME FIRST MIDDLE LAST	Rita M. Izbicki
2 SEX	F
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 VETERAN 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 – Last 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)	No
33 WAS CASE REFERRED TO M.E. (Yes or No)	No
34 MANNER OF DEATH	NATURAL
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title)	[Signed] Edward A Hutchinson
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 (Type or Print)	Edward A. Hutchinson, M.D. 196 Higgins 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