Death Record for Jean B. Danko Daughter of Alexander Skowronski & Frances Dymek

The Commonwealth STANDARD CERTI		TE OF DEATH	96 25	517 V		48586	
DECEDENT - NAME FIRST	Y OF VITAL RECORD	MIDDLE	REGISTERED	NUMBER SEX	DATE OF DEATA	STATE USE ONLY	
Jean		В.	Danko	F		otober 18. 1996	
1 PLACE OF DEATH (City/Town)	COL	INTY OF DEATH	HOSPITAL OR OTHER	12 -			
Worcester	45	Worcester	Memoria		And a state of the state of the		
PLACE OF DEATH (Check only one): HOSPITAL: Minpatient ER/Outpatient		ame 🗆 Residence 🗍 Other (Spec	ully j	SOCIAL SECURITY	NUMBER 09-7098	IF US WAR VETERAN SPECIFY WAR	
WAS DECEDENT OF HISPANIC ORIGIN (Kyes, Specify Puerto Rican, Dominican, NO CYES 8a Specify:		BACE (e.g. White. Black, Amer (Specify): Bb White	ncan Indian, etc.)		lighest Grade Completed) College (1-4, 5 +)		
100 1-00-01-01-01		ATE OF BIRTH (Mo., Day, Yr.	NAMES OF A DESCRIPTION OF A	Nty and State or For	lign Country)		
10a 79 b	c	10 March 31, .		Worce		assachusetts	
WIDOWED OR DIVORCED		J. Danko, Jr.	USUAL OCCUPATION (Prior - If retired) 14a Houses	wife		ess or industry home	
RESIDENCE-NO. & ST., CITY/TOWN,		ton, Worcester			aptta	ZIP CODE 156 01590	
FATHER - FULL NAME		STATE OF BIRTH (If not in US,	MOTHER - NAME		MAIDEN)	STATE OF BIRTH (If not in US	
"Alexander F. S	kowronski	i name country) 17 Poland	18 France	es D	ymek	19 Poland	
INFORMANT'S NAME		MAILING ADDRESS - NO. & ST				RELATIONSHIP	
20 James M. Dank	:0	21 3 Garden S	t., Grafton	, MA 01		22 Son	
AFTHOD OF DISPOSITION BURIAL CR ENTOMBMENT RE DONATION OTH. SPEC:	EMATION MOVAL FROM STATE		enry V. Kar			4555	
PLACE OF DISPOSITION (Neme of Cem	ne Ceméter		LOCATION (City/Town, Sta 260 WO:	(e)	Magoo	chusetts	
DATE OF DISPOSITION (Mo. Dek Yr.) 27 UCt. 22, 199	NAME AND ADD	DRESS OF FACILITY					
in death)	Respi	inatory f	an are and an	- sta	surg	rey 3 m	
CAUSE (disease or injury that c	honie	obstruction	A Milm	onary	disea	se year	
PART II - Other significiant conditions co	ntributing to death but no	ol resulting in underlying cause given i	Part I.		WAS AUTOPS PERFORMED (Yes & No)	AVAILABLE PRIOR TO COMPLETION OF CAUS	
30	ROFDEATH		DATE OF INJURY		TIME OF INJUR	Y INJURYATW	
WAS CASE REFERRED 34 MANNE		COULD NOT BE DETERMINES	0 (Mo., Dey, Yr.) 35a		356	(Yes or No) M 35c	
TO ME ? (Yes or No) NO ACCIDE	NT C SUICIDE	BIACE OF IN HIRY ALTER TH		Statel			
(Yes or No) NO ACCIDE		farm, street, factory, office bidg , elc. Specify	DCATION (No & ST. City/Town	, Sloto).			
INTE OF VIEW INJURY OCCURRED DESCRIBE HOW INJURY OCCURRED 350 368 To the best of my knowledge, cause(s) stated (September (UP #))	Seeth Occurred at the jime	larm, street, lactory, office bidg , etc. Specify 35e 3t	DCATION (No & St . City/Town	55 15	esbgation in my opi	nion doath occurred at the time,	
(Vero of Ney VO ACCIDE 33 DESCRIBE HOW INJURY OCCURRED 250 38a To the best of my knowledge, a	seeth occurred at the time	larm, street, lactory, office bidg , etc. Specify 35e 3t	DCATION (No & St . City/Town	55 15	esbgation in my opi	non death occurred at the time.	
(Yes or No) 33 DESCRIBE HOW INJURY OCCURRED 36a To the best of my knowledge, cause(s) stated (Sonature and Title) DATE SIGNED (Mo., Day, Yr.) Construction DATE SIGNED (Mo., Day, Yr.)	and M.	farm, street, factory, office bidg, etc. Specify 35e e, dete, and place and due to the TRONOV, M.D HOUR OF DEATH 2000	CATION (No & St. City/Town di di date, and place and st. (Sopnature date, and place and st. (Sopnature discont Title) di di Conte StONED (Mo. D) di Conte StONED (Mo. D) di Conte Stone D) di C	imination sindfor lav d due to the cause(: sy, Yr.)	esbgation in my opi	HOUN OF DEATH 37c	
(Yes or Vie) NO ACCIDE 33 DESCRIBE HOW INJURY OCCURRED 356 Sea To the best of my knowledge, cause(1) stated (Sonature and Table) Sea Contraction 366 DATE SIGNED (Mo, Day, Yr.) 360 US + Contraction 360 US + Contraction 360 US + Contraction 360 US + Contraction 360 Sea Children 360 Sea Children	anth occurred at the time ang 1996 N 1996 N 1996 A 1997 A	Iarm, street, lactory, office bidg, etc. Specify 35e e, dete, and place and due to the IRONOV, M.D HOUR OF DEATH 36c 57: 30 PM	DCATION (No & St . City/Town	imination end/or inv d due to the ceuse(: ey, Yr.) (Mo , Dey, Yr.)	esigetion in my opi ij steled	HOUH OF DEATK 37c 37a 37a	
1946 Or Maj 33 DESCRIBE HOW INJURY OCCURRED 350 368 To the Destrof May knowledge, (Sonature and Thile) 50 Cassed(1) stated Sonature Sol (1) Construction 360 (Sonature Sol (1) Construction 360 (Sonature Sol (1) Construction 360 (Sonature 360 (Sonature Sol (1) Construction 360 (Sonature 360 (Sonature Sol (1) Construction 360 Mane of Attending Physicia 360 NAME AND ADDRESS OF CERTIFYING 360 SVET Casta	anth occurred at the time ang 1996 N 1996 N 1996 A 1997 A	larm, street, lactory, office Ddg, etc. Speech 356 e, dete, and place and due to the IRONOV, M.D MOUR OF DEATH 36C 5: 30 PM CAL EXAMINER (Type or Print) I 19 BECTOT O	A STA ON ING & ST. ChylTown A Star On ING basis of and Gales, and place and and the start find Contre signed (Mo. D STA STA Contre Signed (Mo. D STA STA STA STA South Start South Start	imination and/or inv d due to the caused ey, Yr.] (Mo . Dey, Yr.] Welster	estigistion in my opi i steled	HOUR OF DEATK 37c PRONOUNCED DEAD (Hr /)	
(Vest or No) ACCIDE 33 DESCRIBE HOW INJURY OCCURRED 350 State To the best of my knowledge, (Sonature and Titul) 350 Caused) stated 350 DATE SIGNED (Mo., Day, Wr.) 360 DATE SIGNED (Mo., Day, Wr.) 361 DATE SIGNED (Mo., Day, Wr.) 362 DATE SIGNED (MO., Day, Wr.) 363 Structure (Mo., Day, Wr.) 364 DATE SIGNED (MO., Day, Wr.) 365 DATE SIGNED (MO., Day, Wr.) 366 DATE SIGNED (MO., Day, Wr.) 367 DATE SIGNED (MO., Day, Wr.) 368 DATE SIGNED (MO., Day, Wr.) 369 DATE SIGNED (MO., Day, Wr.)	Seeth occurred at the time CLMQ 191 18,1996 NIRNOT CERTURES LIPHYSICIAN OR MEDIC LIPHYSICIAN OR MEDIC LIPHYSICIAN OR MEDIC	larm, street, lactory, office Ddg, etc. Speech 35 e. dete, and place and due to the IRONOV, M.D MOUR OF DEATH 36c 5: 30 PM CAL EXAMINER (Type or Print) II 9 BECTOR OF	ALL CATION (NO & ST. Chy/Town date, and piece and date, and	imination and/or inv d due to the caused ey, Yr.] (Mo . Dey, Yr.] Welster	estigistion in my opi i steled	NON GOSTI OCCUTTO AL UNS LINS, HOUR OF DEATH 37c PRONOUNCED DEAD (NY) 37e UCENSE NO OF CERTIFIER	

The Commonwealth of Massachusetts. Registry of Vital Records and Statistics. Standard Certificate of Death. City of Worcester. 1996. Volume Unknown. Page 048586. Jean B. Danko.

Death Record for Jean B. Danko Daughter of Alexander Skowronski & Frances Dymek

The Commonwealth of Massachusetts STANDARD CERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS							96 2517 registered number			048586 state use only			
DECEDENT – NAME FIRST 1 Jean			MIDDLI B.	MIDDLE LAST B. Danko			SEX 2 F				F DEATH (ober 18, 19	Mo., Day, Yr.) 96	
PLACE OF DEATH (CITY OR TOWN) COUNTY OF DEATH 4a Worcester 4b			4c	HOSPITAL OR OTHER INSTITUTION – Name (If not in either, give street and number) Memorial Health Care									
			THER: Nursing Home Residence Other (S				SOCIAL SECURITY NUMBER 6 017-09-7098				IF US WAR VETERAN SPECIFY WAR 7		
WAS DECEDENT OF HISPANIC ORIGIN? RACE - (e.g., W) (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) Indian, G X NO YES 8a. Specify: 8b				ian, etc.) (st Grade Completed e (1-4, 5+)	l)	
AGE – Last Birthday (Yrs.) 10a 79	UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY OURS MINS. 10b March 31, 1917					BIRTHPLACE (City and State or Foreign Country) 11 Worcester, Massachusetts					
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED LAST SPOUSE (If wife, give maiden name) 12 Widowed 13 Michael J. Danko, Jr.						USUAL OCCUPATION (Prior – If Retired) 14a Housewife 14b At home							
RESIDENCE – NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY ZIP CODE 15a 157 Burbank Rd., Sutton, Worcester County, Massachusetts 15b 01590													
FATHER – FULL NAME STATE OF BIRTH (If not in US name country) 16 Alexander F. Skowronski 17 Poland				,	MO 18	MOTHER – NAME (GIVEN) MAIDEN) 18 Frances Dymek				STATE OF BIRTH (if not in US, name country) 19 Poland			
INFORMANT'S NAME 20 James M. Danko		MAILING ADDR 21 3 Garden St., C			TOWN, STA						ATIONSHIP Son		
METHOD OF DISPOSITION FUNCTION X BURIAL CREMATION ENTOMBMENT REMOVAL FROM STATE 23 DONATION OTH. SPEC: 24 Henry V. Karolkiewicz 25 4555													
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a Notre Dame Cemetery					LOC 26b	LOCATION (City/Town, State) 26b Worcester, Massachusetts							
DATE OF DISPOSITION (Mo., Day, Yr.) NAME AND ADDRES						S OF FACILITY ineral Service, 33 Ward St., Worcester, MA 01610							
29 PART I – Enter the diseases, injuries, or complications that caused the death. Don not use only the mode of dyin List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY. IMMEDIATE CAUSE (Final						ing, such as cardiac or respiratory arrest, shock or heart failure. Approximate Interva Between Onset and							
disease or condition resulting in death) Sequentially list condition, if b. Respiratory failure – status –						9 dz					9 days		
any leading to immediate b. Respiratory influe – sectors – cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. d. Chronic obstructive pulmonary disease											3 months		
											years		
PART II – Other significant conditions contributing to death but not resulting in underlying caus					cause given	e given in Part I. (Yes or No) 31. NO			ORMED? r No)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32 NO		
WAS CASE REFERRE TO M.E.? (Yes or No) 33 NO) 34 MANNER X NATURAL ACCIDENT						DATE OF IN. (Mo., Day, Yr. 35a	• /			JRY	INJURY AT WOR (Yes or No) 35c	RK
36a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature integration integrati					To be Completed by MEDICAL EXAMINER Only	 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) 					occurred at the time,		
Image: Second			PM	DAT DICYTE DAT 37b.					HOU 37c.	HOUR OF DEATH 37c. M			
36d S. Said MD.						3/d.				PRONOUNCED DEAD (Hour) 37e. M LICENSE NO. OF CERTIFIER			
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER 38 Svetlana MIRONOV 119 Belmont St Worcester MA 01605 WAS THERE AN R.N.					pe or Print,	or Print) LICENSE NO. OF CERTIFIER 39 96-4177-99					J CENTIFIER		
PRONOUNCEMENT? IF YES, DATE IF YES, IM Yes or No PRONOUNCED PRONOUNCED					D	40d NAME OF PRONOUNCING REGISTERED NURSE							
40a NO	40b		40c	RE(CEIVED IN	M THE CIT	NAME					DATE OF RECO	כואר
DATE BURIAL PERMIT ISSUED October 21 1996 SIGNATURE – BD OF HEALTH AGENT [signed] Arnold Gurwitz MD				WO CLE	RCESTER RCESTER RK'S NATURE	CESTER CS					43 OCT 21, 199		
41 Commissioner of Public Health 42 [signed] Storario Keeje 43 OC1 21, 1996									0				

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