Book 2005 Page 3908

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DEBORAH L. PEYTON, RECORDER/REGISTRA
DELAWARE COUNTY IOWA

Prepared by & Return to: (X) Carr & Carr Attorneys, PO Box 333, Manchester, IA 52057 (563) 927-4164

AFFIDAVIT

STATE OF New York)
) ss.
Erie COUNTY)

The undersigned after being duly sworn on oath, states that the attached Certificate of Death is a true and correct copy of the original issued by the New York State Department of Health.

Dated this 28th day of October, 2005.

David B. Boyce, Jr.

Subscribed and sworn to before me by David B. Boyce, Jr. this 28th day of October, 2005.

Gina M. Cipollone
- Notary Public in and for the State of ~~Iowa~~ NY

GINA M. CIPOLLONE
No. 01CI6034342
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 12/22/20__

GINA M. CIPOLLONE NOTARY PUBLIC STATE OF NEW YORK

RECORDED DISTRICT: 1451
REGISTER NUMBER: 264

RESIDENCE

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

NCHS

4C

4G

7A

7B

9

10

SI

25

30

31

31B

QR

QS

QCOD

CANCER

DECEDENT

1. NAME: FIRST: DAVID | MIDDLE: B. | LAST: BOYCE, SR.

2. SEX: MALE [X] 1 | FEMALE [ ] 2

3A. DATE OF DEATH: MONTH 03 | DAY 19 | YEAR 2001

3B. HOUR: 7:20 a

4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA [ ] 1 | HOSPITAL ER [ ] 2 | HOSPITAL OUTPATIENT [ ] 3 | HOSPITAL INPATIENT [ ] 4 | NURSING HOME [ ] | PRIVATE RESIDENCE [ ] | OTHER (Specify)

4B. IF FACILITY, DATE ADMITTED: MONTH 03 | DAY 15 | YEAR 200

4C. NAME OF FACILITY: (If not facility give address) Millard Fillmore Suburban Hospital

4D. LOCALITY: (Check one and specify) CITY OF [ ] | VILLAGE OF [ ] | TOWN OF [X] Amherst

4E. COUNTY OF DEATH: Erie

4F. MEDICAL RECORD NO.: 10449280

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO [ ] | YES [ ]

5. DATE OF BIRTH: MONTH 05 | DAY 04 | YEAR 1918

6. AGE: 82 yrs. | IF UNDER 1 YEAR: months / days | IF UNDER 1 DAY: hours / minutes

7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) Cedar Rapids, Iowa

7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? NO [ ] 0 | YES [X] 1 (Specify years)

9. RACE: (Black, White, etc.) white

10. HISPANIC ORIGIN? (If yes, specify) NO [X] | YES [ ]

11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 | College (1-4 or 5+)

12. SOCIAL SECURITY NUMBER: [redacted]

13. MARITAL STATUS: NEVER MARRIED [ ] 1 | MARRIED OR SEPARATED [ ] 2 | WIDOWED [X] 3 | DIVORCED [ ] 4

14. SURVIVING SPOUSE: (If wife, provide maiden name) None

15A. USUAL OCCUPATION: (Do not enter retired) Merchandiser

15B. KIND OF BUSINESS OR INDUSTRY: Merchandising

15C. NAME AND LOCALITY OF COMPANY OR FIRM: Mid-Continent Bottlers

16A. RESIDENCE, STATE: New York

16B. COUNTY: Erie

16C. LOCALITY: (Check one and specify) CITY OF [ ] | VILLAGE OF [ ] | TOWN OF [X] Amherst

16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? [ ] YES [ ] NO IF NO, SPECIFY TOWN: X

16D. STREET AND NUMBER OF RESIDENCE: 2213 Northwood Drive

16E. ZIP CODE: 14221 Amherst

17. NAME OF FATHER: FIRST Stanley | MI | LAST Boyce

18. MAIDEN NAME OF MOTHER: FIRST Maude | MI | LAST Brooks

DISPOSITION

19A. NAME OF INFORMANT: David Boyce, Jr.

19B. MAILING ADDRESS: (Include zip code) 10 Carlton Court, Williamsville, NY 14221

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) cremation | MONTH 03 | DAY 22 | YEAR 2001

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Sheridan Park Crematory

20C. LOCATION: (City or town and state) Tonawanda, New York

21A. NAME AND ADDRESS OF FUNERAL HOME: Amigone Funeral Home, Inc., 2600 Sheridan Dr., Tonawanda, NY 14150

21B. REGISTRATION NUMBER: 00067

22A. NAME OF FUNERAL DIRECTOR: Anthony P. Amigone

22B. SIGNATURE OF FUNERAL DIRECTOR: Anthony P. Amigone

22C. REGISTRATION NUMBER: 00086

23A. SIGNATURE OF REGISTRAR: Linda Race

23B. DATE FILED: MONTH 3 | DAY 21 | YEAR 200

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Linda Race

24B. DATE ISSUED: MONTH 3 | DAY 21 | YEAR 200

CERTIFIER

ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.
SIGNATURE: Walter A Balon | MONTH 3 | DAY 20 | YEAR 01

25B. THE PHYSICIAN ATTENDED THE DECEASED: FROM MONTH 1 DAY 98 YEAR TO MONTH 3 DAY 19 YEAR 01

25C. LAST SEEN ALIVE BY ATTENDANT: MONTH 3 DAY 19 YEAR 01

25D. NAME OF ATTENDING PHYSICIAN: Walter A Balon

25D. ATTENDING PHYSICIAN LICENSE NUMBER: 144353

25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. [ ] CORONER [ ] CORONER'S PHYSICIAN [ ] MEDICAL EXAMINER
SIGNATURE AND TITLE:

25B. PRONOUNCED DEAD: ON MONTH / DAY / YEAR | 25C. HOUR: m | 25D. DATE SIGNED: MONTH / DAY / YEAR

25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:

25F. ME/COR. PHYS. LICENSE NUMBER

26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A: W. Balon 295 Essex Rd Williamsville N.Y. 14221

27. MANNER OF DEATH: NATURAL CAUSE [X] 1 | ACCIDENT [ ] 2 | HOMICIDE [ ] 3 | SUICIDE [ ] 4 | UNDETERMINED CIRCUMSTANCES [ ] 5 | PENDING INVESTIGATION [ ] 6

28. WAS CASE REFFERRED TO CORONER OR MEDICAL EXAMINER? [X] 0 NO | [ ] 1 YES

29A. AUTOPSY? NO [X] 0 | YES [ ] 1 | REFUSED [ ] 2

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? [ ] 0 NO | [ ] 1 YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I. IMMEDIATE CAUSE: (A) Cardiorespiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: seconds

DUE TO OR AS A CONSEQUENCE OF: (B) Sepsis — 4 days

DUE TO OR AS A CONSEQUENCE OF: (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Pneumonia Acute Renal Failure COPD, C. difficile toxin

31A. IF INJURY, DATE: MONTH / DAY / YEAR | HOUR: m | 31B. LOCALITY: (City or town and county and state) | 31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY: | 31E. INJURY AT WORK? | 32. WAS DECEDENT HOSPITALIZED IN | 33A. IF FEMALE, WAS DECEDENT | 33B. DATE OF

OF DECEDENT: Boyce — DATE OF DEATH: AM/PM