REG-18
Jun 91

New Jersey State Department of Health
CERTIFICATE OF DEATH

STATE USE ONLY

Items 1 and 2 to be typed by Funeral Director

1. NAME OF DECEASED (First) JAMES (Middle) E (Last) GOODCHILD

2. DATE OF DEATH: 6-23-95
3. SEX: M
4. DATE OF BIRTH: 1-3-28
5a. AGE - Last Birthday (yrs.): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes

6. SOCIAL SEC. NO.: 130-20-6910

7a. PLACE OF DEATH: HOSPITAL: ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA OTHER: ☐ NURSING HOME ☒ RESIDENCE ☐ OTHER (Specify)

7b. FACILITY NAME (If not institution, give street and no.): 28 OAK TREE LANE
7c. CITY/TOWN OR LOCATION: SPARTA
7d. COUNTY: SUSSEX

8a. RESIDENCE - (State): NJ
8b. COUNTY: SUSSEX
8c. CITY OR TOWN: SPARTA
8d. STREET AND NUMBER: 28 OAK TREE LANE
8e. INSIDE CITY LIMITS? ☒ YES ☐ NO
8f. ZIP CODE: 07871

9. BIRTHPLACE (City & State, or Foreign Country): NYC NY
10a. DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO
10b. IF YES, WAR: DATES (From/To): —
11. MARITAL STATUS: ☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

12. SURVIVING SPOUSE (If Wife, Maiden Name): MARGARET
13. USUAL OCCUPATION (Kind of work done most of life, even if retired): DOORMAN
14. KIND OF BUSINESS OR INDUSTRY: UNIONIST

15. NAME AND ADDRESS OF LAST EMPLOYER: LOCAL 32 B-32J EMPLOYEES INTERNATIONAL UNION AFL-CIO NY

16. RACE: 1 ☒ WHITE 2 ☐ BLACK 3 ☐ AMER. INDIAN 4 ☐ OTHER (Specify):
17. OF HISPANIC ORIGIN? IF YES, SPECIFY: ☐ YES ☒ NO — 1 ☐ MEXICAN 2 ☐ PUERTO RICAN 3 ☐ CUBAN 4 ☐ CENT./SO. AMERICA 5 ☐ OTHER (Specify):
18. DECEDENT'S EDUCATION Highest Grade Completed: 10th

19. NAME OF FATHER (First) EDWARD (Middle) (Last) GOODCHILD
20. MAIDEN NAME OF MOTHER (First) JOSEPHINE (Middle) (Last) WALSH

21a. NAME OF INFORMANT: JOAN MONAT
21b. RELATIONSHIP: SISTER
22a. DISPOSITION: ☒ BURIAL ☐ CREMATION ☐ ENTOMBMENT ☐ OTHER (Specify):

22b. NAME OF CEMETERY OR CREMATORY: JERSEY City CEMETERY
22c. CITY OR TOWN: JERSEY CITY
22d. STATE: NJ

23a. NAME AND ADDRESS OF FUNERAL HOME: Smith-McCRACKEN 63 HIGH St NEWTON NJ

23b. SIGNATURE OF FUNERAL DIRECTOR: Robert E McCracken
23c. N.J. LICENSE NO.: 3640
24a. SIGNATURE OF LOCAL REGISTRAR: Geraldine Goody Deputy
24b. DATE RECEIVED: 6/26/95

To be completed by Physician

25a. TIME OF DEATH: 11 35 P M
25b. DATE AND HOUR PRONOUNCED DEAD: DATE: 6-23-95 HOUR: 11 35 P M

Complete Items 25c-d only when certifying physician is not available at time of death to certify cause of death.

25c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT TIME, DATE, AND PLACE INDICATED. SIGNATURE OF PRONOUNCER (If different than certifier): Anne Anderson RN
25d. DATE SIGNED: 6-23-95

PHYSICIAN - Please Print: NAME OF DECEDENT AS KNOWN BY ATTENDING PHYSICIAN: James E Goodchild
DATE OF DEATH: 6-23-95
TIME OF DEATH: 11 35 pm

26. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

IMMEDIATE CAUSE (Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.)

a. METASTATIC ADENOCARCINOMA TO LIVER
DUE TO OR AS A CONSEQUENCE OF: UNKNOWN PRIMARY
b.
DUE TO OR AS A CONSEQUENCE OF:
c.
DUE TO OR AS A CONSEQUENCE OF:
d.

INTERVAL BETWEEN ONSET AND DEATH

PART II: Other significant conditions - contributing to death but not related to underlying cause in PART I.

27. IF FEMALE, WAS SHE PREGNANT AT DEATH, OR ANY TIME 90 DAYS PRIOR TO DEATH? ☐ YES ☐ NO
28. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

29. DEATH DUE TO: ☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
30a. DATE OF INJURY
30b. TIME OF INJURY: M
30c. INJURY AT WORK? ☐ YES ☐ NO
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE: ☐ HOME ☐ FARM ☐ STREET ☐ OFFICE BUILDING ☐ FACTORY ☐ OTHER (Specify):
30f. LOCATION OF INJURY (Number and Street)
30g. CITY AND COUNTY
30h. STATE

STATE USE ONLY: IND/OCC — CAUSE — PLACE OF ACC. — CROSS CLASS.

31a. NAME AND ADDRESS OF CERTIFIER: NICK P DEBITETTO. 135 NEWTON SPARTA RD NEWTON NJ 07860
☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER ☐ PRONOUNCER AND CERTIFIER

31b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE. SIGNATURE OF CERTIFIER: Nick P. Debitetto
31c. DATE SIGNED: 6/24/95

H-4298

DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE SPARTA HEALTH DEPARTMENT IS AFFIXED HEREON

SPARTA DEPARTMENT OF HEALTH, SPARTA, NEW JSERSEY
Under my hand and department seal, I certify that this is a true photostatic reproduction from an image of the original record.

Ralph J. D'Aries
Registrar of Vital Statistics