

NAME KNOWN TO PHYSICIAN

DATE OF DEATH

Ulysses J. Lupien, Jr.

July 9, 2004

04-002721

63907

DH-PHS-DTH-02

DEPARTMENT OF HEALTH VERMONT CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN BLACK INK

Form sections 1-24: Decedent's Name, Sex, Date of Death, Social Security Number, Age, Date of Birth, Birthplace, Place of Death, Facility Name, City or Town of Death, Veteran status, Marital Status, Surviving Spouse, Usual Occupation, Kind of Business, Education, Hispanic Origin, Race, Residence, City, Town, or Location, Mailing Address, Father's Name, Mother's Name, Informant's Name, Mailing Address.

Form sections 25-26: Part 1. Enter the diseases, injuries, or complications that caused the death. Part 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.

Form sections 27-30: Manner of Death, Date of Injury, Hour, How did injury occur, Injury at work, Place of injury, Location, Date signed, Hour of death, Pronounced dead on, Name of attending physician.

Form sections 31-33: Method of disposition, Place of temporary storage, Place of final disposition, Signature of funeral director or authorized person, Name and address of facility or authorized person, Date of disposition.

Form sections 34-35: Registrar signature, Date received by local registrar, True copy, Town, Date.

TO BE SIGNED BY REGISTRAR ON COPY ONLY

Item 29b and 29c corrected upon application of Knight Funeral Home pursuant to 18 V.S.A. 5202a on July 21, 2004.

Attest: Bonnie J. Munday, Norwich Town Clerk