

NAME KNOWN TO PHYSICIAN
Louis Louis Polli

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07513

DN-PHS-DTH-89C

DEPARTMENT OF HEALTH
VERMONT CERTIFICATE OF DEATH

LOCAL FILE NUMBER 302

STATE FILE NUMBER

TYPE OR PRINT
IN BLACK INK

1 DECEASED'S NAME (First, Middle, Last) Louis A. Polli		2 SEX Male	3 DATE OF DEATH (Month, Day, Year) 19 December 2000
4 SOCIAL SECURITY NUMBER 412-14-1293 A	5a AGE (Yrs.) 99	5b UNDER 1 YEAR Months: Days:	5c UNDER 1 DAY Hours: Minutes:
7 BIRTHPLACE (City and State or Foreign Country) Baveno, Italy		8 PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9 FACILITY NAME (If not institution, give street and number) Woodridge Nursing Home		10 CITY OR TOWN OF DEATH Berlin	11 VETERAN? (If so, what war?) No Vet
12 MARITAL STATUS — Married Never Married Widowed Divorced (Specify) Widowed	13 SURVIVING SPOUSE (If wife, give maiden name)	14 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of life. Do not use retired.) Professional Baseball Player	15 KIND OF BUSINESS / INDUSTRY Major and Minor League
16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5-)	17 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)	18 RACE — White, Black, American Indian, etc. (Specify) White	
19 RESIDENCE — STATE Vermont	20 CITY, TOWN, OR LOCATION Lower Graniteville	21 MAILING ADDRESS (Street, City or Town, State, Zip Code) Box 45, Graniteville, Vermont 05654	
22 FATHER'S NAME (First, Middle, Last) Battista Polli		23 MOTHER'S NAME (First, Middle, Maiden Surname) Maria Schiavazzi	
24a INFORMANT'S NAME (Type/Print) Margaret P. Caccavo		24b MAILING ADDRESS (Street, City, or Town, State, Zip Code) 8 Marcel Avenue, Barre, Vermont 05641	

25 PART 1. 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.

IMMEDIATE CAUSE (First disease or condition resulting in death)	a. <u>Pneumonia</u> DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death ~ 2 weeks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. _____ DUE TO (OR AS A CONSEQUENCE OF):	
	c. _____ DUE TO (OR AS A CONSEQUENCE OF):	
	d. _____ DUE TO (OR AS A CONSEQUENCE OF):	

PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.

Emphysema; Alzheimer's disease

26a WAS AN AUTOPSY PERFORMED? (Yes or No) No

26b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

27a MANNER OF DEATH
 Natural Accident Suicide
 Homicide Undet Pending

27b DATE OF INJURY (Month, Day, Year)

27c HOUR

27d HOW DID INJURY OCCUR? (Enter nature of injury in Part 1 or Part 2)

27e INJURY AT WORK (Specify Yes or No)

27f PLACE OF INJURY (Home, Farm, Factory, Street, Office, Bus, etc. (Specify))

27g LOCATION (Street, or R.F.D. No., City or Town, State)

TO THE BEST OF MY KNOWLEDGE ON THE BASIS OF THE CASE HISTORY EXAMINATION AND/OR INVESTIGATION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO CAUSE(S) AND MANNER STATED

28a SIGNATURE (Type/Print)
Robert D. Robinson MD

28b NAME AND ADDRESS OF CERTIFIER (Type or Print)
30 Keith Ave Barre VT 05841

28c DATE SIGNED (Mo., Day, Yr.)
12/20/00

28d HOUR OF DEATH
12/19/00 1700

28e PRONOUNCED DEAD ON (Date) (Time)
(Not pronounced by me)

29 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
Mark Yorra MD

31a METHOD OF DISPOSITION
 Burial Cremation Removal from State
 Donation Other (Specify)

31b PLACE OF TEMPORARY STORAGE (Cemetery, City or Town, State)
Elmwood Vault
Barre City, Vermont

31c PLACE OF FINAL DISPOSITION (Cemetery or Crematory, City or Town, State)
Hope Cemetery
Barre City, Vermont

32 SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON
Daniel W. Hooker

32b NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON
Hooker and Whitcomb Funeral Home
7 Academy Street, Barre, Vermont 05641

33 DATE OF DISPOSITION (Month, Day, Year)
27 Dec. 2000

34a REGISTRAR — Signature
Daniel W. Hooker

34b DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)
21 December 2000

35a TRUE COPY (Type/Print)
Barre

35b TOWN
Barre

35c DATE (Month, Day, Year)
Dec 27, 2000

TO BE SIGNED
BY REGISTRAR
ON COPY ONLY