	Ulysses J. Lupien, Jr.				Jv1y	July 9, 2004				04-002721		
63907	DH-PHS-DTH-02				DEPA	RTMENT OF	HEALTH	1				
	VERMONT CERTIFICATE OF DEATH STATE FILE NUMBER STATE FILE NUMBER											
	1. DECEDENT'S NAME (F					3. DAT	3. DATE OF DEATH (Month. Day. Year)					
TYPE OR PRINT IN BLACK INK	Ulysses J.	Lupien,	Jr.					Male	e July 9, 2004			
	4. SOCIAL SECURITY NUMBER	Sa AGE (Yrs.) —Last Birthday		56. UNDER 1	YEAR	5c.	5c. UNDER 1 DAY		OF BIRTH (Mo., Day			
		_			onths D	ays	Hours	Minutes	75	g v 4	the survivation is	
	003-09-7125 7. BIRTHPLACE (City and State		8.	7	A PLACE OF DEA	TH (Check only one,	ļ		Ar	oril 23,	1917	
,		Chelmsford, Massachusetts				HOSPITAL OTHER					i. i	
ENT	9. FACILITY NAME (If not instit		☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Nursing Home ☒ Residence ☐ Other(Specify) 10. CITY OR TOWN OF DEATH ☐ 11. VETERAN? (If so, what war?)									
GEO	359 Union Village Road					Norw	rich		Yes WWII			
Jija	12. MARITAL STATUS - Married, CU, Never married	13. SURVIVING SE		give maiden n		T'S USUAL OCCUP.		d of work done	15. KIND OF BL	ISINESS / INDUSTRY		
	or in CU, Widowed, Divorced											
	Married	d Rob			rofessional Baseball Play			Spor		Managari .		
	Specify only high	9	17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If ye Cuban, Mexican, Puerto Rican, etc.)				es, specify	CE — While, Slac	k, American Indian, etc	:. (Specify)		
	Elementary/Secondary (0-12)	or 5+)	5+) Yes (Specify)			7.77h d 4						
	19. RESIDENCE—STATE	20.	CITY, TOWN,			21. MAILIN	IG ADDRESS (S	ireet, City or Town, Si	hite ate, Zip Code)			
	Vermont No			orwich			PO Box 351 Norwich, Vermont 05055				. •	
	22. FATHER'S NAME (First, Middle, Last)					23. MOTHER'S NAME (First, Middle, Maiden Surname)						
	Ulysses J. Lupien Sr.					Eugenie Gosselin						
	2 14 742				222	b. MAILING ADDRESS (Street, City, or Town, State, Zip Code)						
	Mildred R. Lupien PO Box 351 Norwich, Vermont 05055 25. PART 1. Enter the diseases, injuries, or complications that caused the death Do not enter the mode of dving, such as cardiac or respiratory. Approximate Internal											
	25. PART 1. Enter the diseases, injuries, or complications that caused the dea arrest, shock, or heart failure. List only one cause on each line.										Between Onset and Death	
	IMMEDIATE CAUSE (Final disease) a Congestive Heart Failure										Heurs	
e	DUE TO (DI AS A CONSEQUENCE OF):										i	
. G	Sequentially list conditions, If DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										years	
. oe or	any, leading to immediate										yeurs	
Á	CAUSE (Disease or injury that DUE TO (OR AS A CONSEQUENCE OF):										17-20-	
H	initiated events resulting in death) LAST										1	
DEA	DUE TO (OR AS A CONSEQUENCE OF):											
OF	PART 2. Other significant conditions contributing to death but not res				sulling in the under				26a. DID TOBACCO USE CONTRIBUTE TO DEATH? Probably 26b. WAS AUTOPSY PERFORM		26c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION	
USE	J.energi					1.00		☐ Yes ☐ Probably ☐ PERFORMED ☐ No ☐ Unknown ☐ Yes ☒ I		OF CAUSE OF DEATH?		
CA	27a. MANNER OF DEATH		2:	7b DATE OF II	NJURY (Month, Day, Y	ear) 27c. HOUR	1	27d. HOW DID INJUR	Y OCCUR? (Enter	nature of injury in Part	1 1 2 2 2 2 2	
			uicide ending				- 1			***		
	27e. INJURY AT WORK (Speci Yes or No)	Bidg., etc. (t Home, Farm.	Factory, Street, Office	tory, Street, Office 27g, LOCATION (Str			Street, or R.F.D. No. City or Town State)			
	<u> </u>											
	TO THE BEST OF MY KNOWL INVESTIGATION, DEATH OCC	. EXAMINATION AND/	TO CAUSE(S) AND			29a. DATE SIGNED (Mo., Day, Yr.) 29b. HOUR OF DEATH						
FIER	MANNER STATED .					Attend. phys.			July 12, 2004 11:00-AM- pm			
RTE	280 (Signatural Color					Med Examiner					5	
Ö	28h NAME AND ADDRESS OF CERTIFIED (Toron Color)											
	Kelly A. Kieffer Ore Hedical Conster Dr. Le Sinay											
•4'	31a. METHOD OF DISPOSITION Temporary Storage 31b. PLACE OF TEMPORARY STORAGE (Cemetery, City or Town, State) 31c. PLACE OF FINAL DISPOSITION (Cemetery or C											
3	□ Burial □ Cremation □ Removal from State □ Donation □ Other (Specify) Norwich, Vermont.											
SIT	32a. SIGNATURE OF FUNERA		LITHORIZED	1225	NAME AND ADDRESS	OF FACILITY OR A	LITUORIZED PE		1011, 40		E OF DISPOSITION (Month,	
SPO.	PERSON /	116		Kr	night Fun	eral Hor	ne			Day. Yes	17)	
ă	34a. REGISTRAR - Signature		11	JWh	ite Rive	r Jct.,	vermon	t 05001	34b. DATE RECI		Y 14, 2004 SISTRAR (Month, Day, Year)	
		7	effect	A 10	19	- Deput	Y		July	12, 2004		
TO BE SIGNED BY REGISTRAR	(II)	erk- Signature	1		356. TOWN	1	-		35c. DATE (Mon			
OH COPY ONLY	ATTESTOCIAL & Murcia				Mewich			July 21 2004			04	
		(1		(1					1 1			

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

Attest: Munday Morwich fown Clerk