

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

RECORDED DISTRICT 301 REGISTER NUMBER 17

1. NAME: FIRST Carl MIDDLE J. LAST Wenzinger 2. SEX: MALE 1 FEMALE 2 3A. DATE OF DEATH: MONTH 01 DAY 09 YEAR 2006 3B. HOUR: 5:53 p.m.

4A. PLACE OF DEATH: HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER (Specify): 4B. IF FACILITY, DATE ADMITTED: MONTH 12 DAY 25 YEAR 2005

4C. NAME OF FACILITY: (If not facility, give address) Our Lady of Lourdes Hospital 4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Johnson City Binghamton 4E. COUNTY OF DEATH: Broome

4F. MEDICAL RECORD NO. 246700 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO

5. DATE OF BIRTH: MONTH 03 DAY 08 YEAR 1926 6A. AGE IN YEARS: 79 yrs 6B. IF UNDER 1 YEAR ENTER: months days 6C. IF UNDER 1 DAY ENTER: hours minutes 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Philadelphia, Pa. 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO YES 9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A No, not Spanish/Hispanic/Latino B Yes, Mexican, Mexican American, Chicane C Yes, Puerto Rican D Yes, Cuban E Yes, Other Spanish/Hispanic/Latino (Specify) 10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be. A White/Caucasian B Black or African American C Asian Indian D Chinese E Filipino F Japanese G Korean H Vietnamese I Native Hawaiian K Guamanian or Chamorro M Samoan N American Indian or Alaska Native (specify) P Other Asian (specify) R Other Pacific Islander (specify) S Other (specify)

11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 1-8th grade 2 9th-12th grade; no diploma 3 High school graduate or GED 4 Some college credit, but no degree 5 Associate's degree 6 Bachelor's degree 7 Master's degree 8 Doctorate/Professional degree 12. SOCIAL SECURITY NUMBER: 231-22-4185 13. MARITAL STATUS: NEVER MARRIED 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Dorothy J. Stearns

15A. USUAL OCCUPATION: (Do not enter retired) Chairman and CEO 15B. KIND OF BUSINESS OR INDUSTRY: Manufacturing 15C. NAME AND LOCALITY OF COMPANY OR FIRM: Doron Precision Systems Binghamton, N.Y.

16A. RESIDENCE: (State or Country if not USA) N.Y. 16B. County or Region/Province if not USA: Broome 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Johnson City 16E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:

16D. STREET AND NUMBER OF RESIDENCE: 725 Lee Circle, Apt. L49 16E. ZIP CODE: 13790

17. NAME OF FATHER: FIRST Carl MIDDLE J. LAST Wenzinger 18. MAIDEN NAME OF MOTHER: FIRST Emma MIDDLE MI LAST Kaelin

19A. NAME OF INFORMANT: Dorothy J. Wenzinger 19B. MAILING ADDRESS: (include zip code) 725 Lee Circle, Apt. L49, Johnson City, NY 13790

20A. 1 BURIAL 2 CREMATION 3 REMOVAL MONTH 01 DAY 14 YEAR 2006 4 HOLD DAY 5 DONATION YEAR 6 ENTOMBMENT 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: City Cremation Services Binghamton, N.Y. 20C. LOCATION: (City or town and state)

21A. NAME AND ADDRESS OF FUNERAL HOME: Wm. R. Chase & Son 737 Chenango St. Port Dickinson, N.Y. 13901 21B. REGISTRATION NUMBER: 01942

22A. NAME OF FUNERAL DIRECTOR: John W. Salt 22B. SIGNATURE OF FUNERAL DIRECTOR: John W. Salt 22C. REGISTRATION NUMBER: 03502

23A. SIGNATURE OF REGISTRAR: Colleen Clarke 23B. DATE FILED: MONTH 1 DAY 12 YEAR 2006 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Colleen Clarke 24B. DATE ISSUED: MONTH 1 DAY 12 YEAR 2006

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN OR CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: JAGRAS S. RAI License No.: NYS 189823 Signature: Jagras RA Address: 1020 E. Vestal Parkway Month 1 Day 9 Year 06

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Address: Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Signature: Address: Month Day Year

26A. Attending physician attended deceased: FROM MONTH 07 DAY 2005 TO MONTH 1 DAY 9 YEAR 06 26B. Deceased last seen alive by attending physician: MONTH 1 DAY 9 YEAR 06 26C. Pronounced Dead by M.E. or Coroner: ON MONTH 01 DAY 09 YEAR 2006 AT 5:53 p.m.

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES 29A. AUTOPSY? NO YES REFUSED 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES

CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: (A) Cardiopulmonary arrest (B) Perforated bowel (C) bleeding duodenal ulcer /s/p repair APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minute 12 hour 2 wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): METASTATIC LUNG CANCER DID TOBACCO USE CONTRIBUTE TO DEATH? NO YES PROBABLY UNKNOWN

31A. IF INJURY, DATE: MONTH DAY YEAR 31B. INJURY LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES

32. WAS DECEDENT INJURED IN TRANSPORTATION? 33A. IF FEMALE: 33B. DATE OF DELIVERY: MONTH DAY YEAR

when prepared, certificate from the records on file in the Office of Vital Statistics, City of Binghamton, NY. Date of issue 1-12-2006 Certified by Colleen Clarke Registrar

CERTIFIER Carl Wenzinger DATE OF DEATH 1-9-06 ANY PREVIOUS DEATHS 753 ANY PREVIOUS REGISTRARS