

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

RECORDED DISTRICT 3300 REGISTER NUMBER 3091

RESIDENCE

1. NAME: FIRST MIDDLE LAST Russell E. Denbow 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH DAY YEAR 09 07 2007 3B. HOUR: 5:30 AM

4A. PLACE OF DEATH: HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER 4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR 08 20 2007

4C. NAME OF FACILITY: Van Duyn Home & Hospital 4D. LOCALITY: CITY VILLAGE TOWN Onondaga 4E. COUNTY OF DEATH: Onondaga

4F. MEDICAL RECORD NO. 55948 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? NO YES

5. DATE OF BIRTH: MONTH DAY YEAR 10 16 1920 6A. AGE IN YEARS: 86 yrs. 6B. IF UNDER 1 YEAR ENTER: 6C. IF UNDER 1 DAY ENTER: 7A. CITY AND STATE OF BIRTH: Woodsfield, Ohio 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? WW II 9. DECEDENT OF HISPANIC ORIGIN? 10. DECEDENT'S RACE: A White/Caucasian B Black or African American C Asian Indian D Chinese E Filipino F Japanese G Korean H Vietnamese J Native Hawaiian K Guamanian or Chamorro M Samoan N American Indian or Alaska Native P Other Asian Q Other Pacific Islander R Other

11. DECEDENT'S EDUCATION: 1 2 3 4 5 6 7 12. SOCIAL SECURITY NUMBER: 276-05-7922 13. MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED 14. SURVIVING SPOUSE: Magdalena Kaehler

15A. USUAL OCCUPATION: Lawyer 15B. KIND OF BUSINESS OR INDUSTRY: Law 15C. NAME AND LOCALITY OF COMPANY OR FIRM: USF & G, Baltimore, Maryland

16A. RESIDENCE: New York 16B. County or Region/Province: Onondaga 16C. LOCALITY: Manlius 16E. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO

16D. STREET AND NUMBER OF RESIDENCE: 124 Washington Blvd. 16E. ZIP CODE: 13066

17. NAME OF FATHER: Edward Denbow 18. MAIDEN NAME OF MOTHER: Edna Gigax

19A. NAME OF INFORMANT: Magdalena Brey-Denbow 19B. MAILING ADDRESS: 124 Washington Blvd., Fayetteville, New York 13066

20A. 1 BURIAL 2 CREMATION 3 REMOVAL MONTH DAY 09 12 2007 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Dulaney Valley Memorial Gardens Timonium, Maryland 20C. LOCATION: City or town and state

21A. NAME AND ADDRESS OF FUNERAL HOME: Eaton-Tubbs-Schepp FH Inc. 7191 E. Genesee St. Fayetteville NY 13066 21B. REGISTRATION NUMBER: 00509

22A. NAME OF FUNERAL DIRECTOR: David G. Zinger 22B. SIGNATURE OF FUNERAL DIRECTOR: [Signature] 22C. REGISTRATION NUMBER: 04360

23A. SIGNATURE OF REGISTRAR: [Signature] 23B. DATE FILED: MONTH DAY YEAR 09 11 2007 23C. BURIAL OR REMOVAL PERMIT ISSUED BY: [Signature] 23D. DATE ISSUED: MONTH DAY YEAR 09 07 2007

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: James A. Ferguson License No.: 1320317 Signature: [Signature] Month Day Year 9 7 07

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Address: 5100 W. Taft Rd.

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

26A. Attending physician attended deceased: FROM MONTH DAY YEAR TO MONTH DAY YEAR 8 2007 TO 9 7 07 26B. Deceased last seen alive by attending physician: MONTH DAY YEAR 8 31 07 26C. Pronounced Dead ON AT 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

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: (A) Hardened Arteries (B) Due to or as a consequence of: (C) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH DAY YEAR HOUR: 31B. INJURY LOCALITY: 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES

31F. IF TRANSPORTATION INJURY, SPECIFY: 1 Driver/Operator 2 Passenger 3 Pedestrian 4 OTHER 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES 33A. IF FEMALE: 0 Not pregnant within last year 1 Pregnant at time of death 2 Not pregnant, but pregnant within 42 days of death 3 Not pregnant, but pregnant 43 days to 1 year before death 4 Unknown if pregnant within past year 33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution: NAME OF DECEDENT: Russell Denbow TIME OF DEATH: 0530 AM DATE OF DEATH: 9/7/2007

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY  
OF A RECORD ON FILE IN THE OFFICE OF VITAL STATISTICS,  
ONONDAGA COUNTY HEALTH DEPARTMENT, SYRACUSE,  
N.Y. DO NOT ACCEPT THIS COPY UNLESS THE RAISED  
SEAL OF THE ONONDAGA COUNTY HEALTH DEPARTMENT  
IS AFFIXED THEREON.

SEP 14 2007

DATE OF ISSUANCE

*Cynthia B. Monahan*  
Commissioner of Health

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SYRACUSE, NY