H105.805 REV (9/11)

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, $6.00

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 25811429
Certification Number

Wayne Madden
Local Registrar

DEC/3 1/2018
Date Issued

Type/Print In Permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 375952-2018

To Be Completed/Verified By: FUNERAL DIRECTOR

1. Decedent's Legal Name (First, Middle, Last, Suffix): Doris C. Heinlein
2. Sex: Female
3. Social Security Number: 172-20-2395
4. Date of Death (Month dd, yyyy): December 22, 2018
5a. Age-Last Birthday (Yrs): 91
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Mo/Day/Year) (Spell Month): July 30, 1927
7a. Birthplace (City and State or Foreign Country): Coraopolis, Pennsylvania
7b. Birthplace (County): Allegheny
8a. Residence (State or Foreign Country): Pennsylvania
8b. Residence (Street and Number - Include Apt No.): 30 Heckel Road apt 207
8c. Did Decedent Live in a Township? [X] Yes, decedent lived in Kennedy Township twp. [ ] No, decedent lived within limits of _____ city/boro.
8d. Residence (County): Allegheny
8e. Residence (Zip Code): 15136
9. Ever in US Armed Forces? [ ] Yes [X] No [ ] Unknown
10. Marital Status at Time of Death [ ] Married [X] Widowed [ ] Divorced [ ] Never Married [ ] Unknown
11. Surviving Spouse's Name (If wife, give name prior to first marriage)
12. Father / Parent's Name (First, Middle, Last, Suffix): George Colvin
13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix): Doris Valentine
14a. Informant's Name: Doris K. Persing
14b. Relationship to Decedent: Daughter
14c. Informant's Mailing Address (Street and Number, City, State, Zip Code): 114 Parliament Drive Moon Township, PA 15108
15a. Place of Death (Check only one)
If Death Occurred in a Hospital: [X] Inpatient [ ] Emergency Room/Outpatient [ ] Dead on Arrival
If Death Occurred Somewhere Other Than a Hospital: [ ] Hospice Facility [ ] Decedent's Home [ ] Nursing Home/Long-Term Care Facility [ ] Other (Specify)
15b. Facility Name (If not institution, give street and number): Ohio Valley
15c. City or Town, State, and Zip Code: Kennedy Township, Pennsylvania 15136
15d. County of Death: Allegheny
16a. Method of Disposition [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
16b. Date of Disposition: December 27, 2018
16c. Place of Disposition (Name of cemetery, crematory, or other place): Coraopolis Cemetery
16d. Location of Disposition (City or Town, State, and Zip): Coraopolis, Pennsylvania
17a. Signature of Funeral Service Licensee or Person in Charge of Interment: John C Sivak (Electronically Signed)
17b. License Number: FD011397L
17c. Name and Complete Address of Funeral Facility: R D Copeland Inc (Brodhead Road) 981 Brodhead Road Coraopolis, Pennsylvania 15108

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.
[ ] 8th grade or less
[ ] No diploma, 9th - 12th grade
[ ] High school graduate or GED completed
[X] Some college credit, but no degree
[ ] Associate degree (e.g. AA, AS)
[ ] Bachelor's degree (e.g. BA, AB, BS)
[ ] Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify) _____

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Other (Specify) _____
[ ] Korean
[ ] Vietnamese
[ ] Other Asian
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander
[ ] Don't Know/Not Sure
[ ] Refused
[ ] Other (Specify) _____

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED.: Owner/Operator
22b. Kind of Business/Industry: Retail Store

AUAS USED

To Be Completed By: MEDICAL CERTIFIER

ITEMS 23a – 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
23a. Date Pronounced Dead (Mo/Day/Yr)
23b. Signature of Person Pronouncing Death (Only when applicable)
23c. License Number
23d. Date Signed (Mo/Day/Yr)
24. Time of Death: 09:00 PM
25. Was Medical Examiner or Coroner Contacted? [X] Yes [ ] No

CAUSE OF DEATH

26. Part I. Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) ----------> a. Blunt Force Trauma of the Trunk — Due to (or as a consequence of): — Days

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the 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):

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Dementia, Hypertension

27. Was an autopsy performed? [ ] Yes [X] No
28. Were autopsy findings available to complete the cause of death? [ ] Yes [ ] No

29. If Female:
[ ] Not pregnant within past year
[ ] Pregnant at time of death
[ ] Not pregnant, but pregnant within 42 days of death
[ ] Not pregnant, but pregnant 43 days to 1 year before death
[ ] Unknown if pregnant within the past year

30. Did Tobacco Use Contribute to Death? [ ] Yes [ ] Probably [X] No [ ] Unknown

31. Manner of Death
[ ] Natural
[X] Accident
[ ] Suicide
[ ] Homicide
[ ] Pending Investigation
[ ] Could not be determined

32. Date of Injury (Mo/Day/Yr) (Spell Month): December 19, 2018
33. Time of Injury: 06:00 AM
34. Place of Injury (e.g. home; construction site; farm; school): Assisted Living
35. Location of Injury (Street and Number, City, State, Zip Code): 30 Heckel Road APT 207 Kennedy Township, PA 15136
36. Injury at Work [ ] Yes [X] No
37. If Transportation Injury, Specify: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify) _____
38. Describe How Injury Occurred: Ground Level Fall

39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one):
[ ] Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
[ ] Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
[X] Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of certifier: Anthony M Bofo (Electronically Signed) Title of certifier: ME/Coroner License Number: _____

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26): Anthony Bofo, 1520 Penn Avenue Pittsburgh, Pennsylvania 15222
39c. Date Signed (Mo/Day/Yr): December 28, 2018
40. Registrar's District Number: 02-013
41. Registrar's Signature: Wayne P Madden (Electronically Signed)
42. Registrar File Date (Mo/Day/Yr): December 29, 2018
43. Amendments: Informant-Address Street Name- amended on Dec-30-2018; formerly Parliment;, Decedent-Ever in Armed Forces- amended on Dec-30-2018; formerly Yes;;

NAME OF DECEDENT: Doris C. Heinlein

Disposition Permit No. E97775

H105-143
REV 11/2017-E