LOCAL REGISTRAR COPY

RECORDED DISTRICT 3264
REGISTER NUMBER

NEW YORK STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1 NAME: FIRST	MIDDLE	LAST	2. SEX	3A. DATE OF DEATH (MONTH / DAY / YEAR)	3B. HOUR
Peter	J.	Imhoff	MALE [X] 1 / FEMALE [ ] 2	12 / 16 / 87	6 a. M.

4. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 1 DAY: HOURS	MINUTES	5. DECEDENT BORN: MONTH	DAY	YEAR	6. VETERAN OF U.S. ARMED FORCES?	7 SOCIAL SECURITY NUMBER
77 YEARS					Aug	29	10	NO [X] YES [ ] IF YES, SPECIFY WAR OR DATES OF SERVICE	097-16-6285

8A. COUNTY OF DEATH	8B. LOCALITY (CHECK ONE AND SPECIFY)	8C. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS)	8D. IF IN HOSPITAL OR INSTITUTION (CHECK ONE)	8E. IF INPATIENT ADMISSION DATE (MONTH / DAY / YEAR)
Oneida	[ ] CITY OF [X] TOWN OF [ ] VILLAGE OF New Hartford	53 Powell Ave.	1 [ ] D O A 2 [ ] EMERGENCY ROOM 3 [ ] OUTPATIENT 4 [ ] INPATIENT	

9. STATE OF BIRTH (COUNTRY IF NOT USA)	10. CITIZEN OF WHAT COUNTRY?	11. MARITAL STATUS (CHECK ONE)	12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)
NYS	USA	1 [ ] NEVER MARRIED 2 [ ] MARRIED OR SEPARATED 3 [ ] WIDOWED 4 [X] DIVORCED	

13. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY)	14. OF SPANISH ORIGIN? IF YES CHECK ONE	15. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY
White	YES [ ] NO [X] 1 [ ] MEXICAN 2 [ ] PUERTO RICAN 3 [ ] CUBAN 4 [ ] CENTRAL OR SOUTH AMERICAN 9 [ ] OTHER SPANISH ORIGIN (SPECIFY)	ELEMENTARY 0 1 2 3 4 5 6 7 8 (00 01 02 03 04 05 06 07 08) HIGH SCHOOL 1 2 3 4 (09 10 11 12) COLLEGE 1 2 3 4 5+ (13 14 15 16 17) [X] 16

16A. USUAL OCCUPATION (DO NOT ENTER RETIRED)	16B. KIND OF BUSINESS OR INDUSTRY	16C. NAME AND LOCALITY OF FIRM OR COMPANY
Public Accountant	Self Employed	

RESIDENCE

17A. STATE	17B. COUNTY	17C. LOCALITY (CHECK ONE AND SPECIFY)	17E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS?
NY	Oneida	[ ] CITY OF [X] TOWN OF [ ] VILLAGE OF New Hartford	YES [ ] NO [X] IF NO, SPECIFY TOWN: New Hartford

17D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE): 53 Powell Avenue, Whitesboro, NY 13492

PARENTS

18A. NAME OF FATHER: FIRST	MIDDLE	LAST	18B. MAIDEN NAME OF MOTHER: FIRST	MIDDLE	LAST
John	F.	Imhoff	Rose		Landry

19A. NAME OF INFORMANT	19B. MAILING ADDRESS (INCLUDE ZIP CODE)
Richard J. Imhoff	5838 Country Dr., Verona, NY 13478

DISPOSITION

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (SPECIFY)	MONTH	DAY	YEAR	20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION	20C. LOCATION (CITY OR TOWN, STATE)
Burial	Dec	19	87	Mount olivet Cemetery	Whitesboro, NY

21A. NAME AND ADDRESS OF FUNERAL HOME	21B. REGISTRATION NO.
Friedel & Williams Funeral Home, 1123 Court St., Utica, NY 13502	00882

22A. NAME OF FUNERAL DIRECTOR	22B. SIGNATURE OF FUNERAL DIRECTOR	22C. REGISTRATION NO.
Salvatore W. Coriale	Salvatore W. Coriale	01050

23A. SIGNATURE OF REGISTRAR	23B. DATE FILED (MONTH / DAY / YEAR)	24A. BURIAL OR REMOVAL PERMIT ISSUED BY	24B. (MONTH / DAY / YEAR)
Gail S. Wolanin	Dec. 18 87	Gail S. Wolanin	Dec 18 87

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY —OR— **TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY**

25. A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED

SIGNATURE ▶ Joseph M. Lutz, MD — MONTH / DAY / YEAR: 12 / 16 / 87

B. THE PHYSICIAN ATTENDED THE DECEASED — FROM: 07 / 01 / 87 TO: 12 / 16 / 87

C. LAST SEEN ALIVE: 05 / 02 / 87

D. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER:

25. A. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED — [ ] CORONER [ ] CORONER'S PHYSICIAN [ ] MEDICAL EXAMINER

SIGNATURE AND TITLE ▶

B. PRONOUNCED DEAD — ON (MONTH / DAY / YEAR) AT (HOUR) M.

C. HOUR

D. DATE SIGNED (MONTH / DAY / YEAR)

E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER ▶

26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR): Joseph M. Lutz, MD St. Elizabeth Hospital Utica, N.Y. 13501

CAUSE

27. DEATH WAS CAUSED BY — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE
(A) Sudden Death (Sudden death)
DUE TO, OR AS A CONSEQUENCE OF:
(B) Generalized Arteriosclerotic Vascular disease (ASHD, HTVD, PVD) — Years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Advanced age.

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

28A. AUTOPSY?	28B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?	29. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER?
YES [ ] 1 NO [X] 2	1 [ ] YES 2 [ ] NO	1 [ ] YES 2 [X] NO

30A. SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION	30B. DATE OF INJURY (MONTH / DAY / YEAR)	30C. HOUR OF INJURY	30D. DESCRIBE HOW INJURY Ooccurred
		M.	

30E. INJURY AT WORK?	30F. PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC.	30G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)
YES [ ] NO [ ]		

I, GAIL S. WOLANIN, duly appointed Registrar of the Town of New Hartford, County of Oneida, N.Y., do hereby certify the foregoing to be a true photocopy from the Vital Records filed in my office.

Date December 18, 1987

GAIL S. WOLANIN