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STATE OF NEW JERSEY

Gary Nutt Sk
8585 Broadway
Merrellville

FILED

OFFICE OF REGISTRAR OF VITAL STATISTICS
BOROUGH OF MERCHANTVILLE, COUNTY OF CAMDEN

OCT 29 1982

This is to CERTIFY that the following is correctly copied from a record of Death in my office.

Lucie B. Priddy
AUDITOR LEE COUNTY

Daniel P. [Signature]
REGISTRAR OF VITAL STATISTICS

P. O. BOX 1093
MERCHANTVILLE, NEW JERSEY 08109

August 26, 1980
DATE OF ISSUE

STATE OF NEW JERSEY
CAMDEN COUNTY
FILED FOR RECORD
NOV 3 2 58 PM '82
WILLIAM BLOSKI JR
RECORDER

COMPLETION INSTRUCTIONS		NEW JERSEY STATE DEPARTMENT OF HEALTH	
(1) PRINT OR TYPE IF PRINTED, USE BALL POINT PEN, BLUE OR BLACK INK		CERTIFICATE OF DEATH	
(2) INSERT MONTH, DAY, YEAR IN THIS ORDER IN ALL ENTRIES REQUIRING DATE			
PLACE	1. NAME OF DECEASED (First) (Middle) (Last) (AKA) PEGGY ANNE SWIERCZAK		2. DATE OF DEATH 8/29/80
RESIDENCE	3a. PLACE OF DEATH (City or Town) Mt. Holly	3b. County Burlington	4a. Residence (No. and St.) 825 B Country Club Pky
	4b. City or Town Mt. Laurel		
HOSPITAL	5a. Name of Hospital or Institution (If not either, give No. and St.) BETHEL	4c. County Burlington	4d. State NJ
	4e. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
AGE	5b. Hospital or Institution, check correct box <input type="checkbox"/> DOA <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Other	6. Marital Status 1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Separated 3 <input type="checkbox"/> Married 4 <input type="checkbox"/> Divorced	7a. Was Deceased ever in U.S. Military If Yes, enter War and Dates <input type="checkbox"/> Yes <input type="checkbox"/> No
	7b. War	7c. Date From To	
BIRTHPLACE	8. Sex F	9. Date of Birth April 20, 1954	10. Age Last Birthday 26 years
	11a. Under 1 Year	11b. Under 1 Day	
RACE	12a. Birthplace (State or Foreign Country) New Jersey	12b. Citizen of what Country USA	13. Surviving Spouse (If Wife, Maiden Name)
	14. Social Security Number 155-46-5565		
ETHNIC	15. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Other (Specify)	16. Ethnic Origin <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Italian <input type="checkbox"/> Cuban <input type="checkbox"/> German <input checked="" type="checkbox"/> Other (Specify) Polish	17. Name and Address of Last Employer Cherry Hill Medical Ctr Chapel Avenue Cherry Hill, New Jersey
	18. Usual Occupation (Kind of work done most of Life, even if retired) accounting	19. Kind of Business or Industry Medical	
CAUSE	20. NAME OF FATHER (First) (Middle) (Last) Philip C. Swierczak	21. MAIDEN NAME OF MOTHER (First) (Middle) (Last) Dorothy Godshall	
	21a. Name of Informant Dorothy Swierczak	21b. Relationship Mother	21c. Number and Street 829 Morgan Ave.
PLACE OF ACCIDENT	21d. City or Town Palmyra	21e. State NJ	
	22a. Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Other <input type="checkbox"/> Cremation	22b. Name of Cemetery or Crematory Bethel Cemetery Association	22c. City or Town Pennsauken
CROSS CLASS	22d. State NJ	23a. Name and Address of Funeral Home The Stephenson-Brown Funeral Home 33 West Maple Avenue Merchantville, New Jersey 08109	
	23b. Signature of Funeral Director	23c. N.J. License No. 2781	
CERTIFIER	24a. Signature of Registrar	24b. Date received by Registrar Aug 26 1980	
	25a. Name and Address of Certifier <input type="checkbox"/> Attending Phys. <input checked="" type="checkbox"/> Med. Exam. <input type="checkbox"/> Other DANTE A. RAGASA MD 175 Madison Ave, Mt. Holly	25b. To the best of my knowledge, death occurred at time, date and place, due to causes listed	25c. Date Signed 8/25/80
CAUSE OF DEATH	26a. Pronounced Dead	26b. Date of Death 8/29/80	
	27a. PART I: Immediate Cause (Enter only one cause per line for (a), (b), and (c). a. Head injury (occipital skull fracture from injury)	Interval between onset and death	
CAUSE OF DEATH	b. Due to or as a consequence of: Motor vehicle accident		
	c. Due to or as a consequence of:		
CAUSE OF DEATH	PART II: Other significant conditions/conditions contributing to death but not related to cause in PART I:		28. Was Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	29. Was case referred to Medical Examiner or Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CAUSE OF DEATH	30. Death due to <input checked="" type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Under Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Other	31a. Describe how Injury occurred Motor vehicle collision	31b. Date of Injury 8/29/80
	31c. Hour of Injury 9:19 PM		
CAUSE OF DEATH	31d. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31e. Place of Injury <input type="checkbox"/> Home <input type="checkbox"/> Street <input type="checkbox"/> Farm <input type="checkbox"/> Office Building <input type="checkbox"/> Others	31f. Location (No. and St.) 1453 1/2 St
	31g. City or Town Palmyra	31h. State N.J.	

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