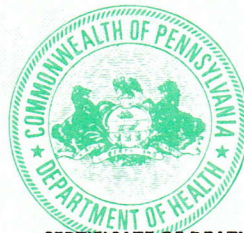


# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

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

Fee for this certificate: \$20.00



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 27622413

*Diane L. Stuart*  
Local Registrar

NOV 28 2020

Certification Number

Permanent Black Ink

CERTIFICATE OF DEATH

State File Number: 420050-2020

Date Issued

1. Decedent's Legal Name (First, Middle, Last, Suffix) <b>Judith Elizabeth Fiduccia</b>		2. Sex <b>Female</b>	3. Social Security Number <b>061-40-4403</b>	4. Date of Death (Month dd, yyyy) <b>November 25, 2020</b>
5a. Age-Last Birthday (Yrs) <b>73</b>	5b. Under 1 Year Months: _____ Days: _____	5c. Under 1 Day Hours: _____ Minutes: _____	6. Date of Birth (Mo/Dav/Year) (Spell Month) <b>July 20, 1947</b>	
7a. Birthplace (City and State or Foreign Country) <b>Staten Island, New York</b>		7b. Birthplace (County) <b>Richmond</b>		
8a. Residence (State or Foreign Country) <b>Pennsylvania</b>		8b. Residence (Street and Number - Include Apt No.) <b>511 White Birch Drive</b>		8c. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, decedent lived in <b>Chestnut Hill Township</b> twp.
8d. Residence (County) <b>Monroe</b>		8e. Residence (Zip Code) <b>18353</b>		8f. No, decedent lived within limits of _____ city/town/village
9. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	10. Marital Status at Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. Surviving Spouse's Name (If wife, give name prior to first marriage)		
12. Father / Parent's Name (First, Middle, Last, Suffix) <b>George Johnston</b>		13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) <b>Kathleen Ryan</b>		
14a. Informant's Name <b>Joseph Fiduccia</b>		14b. Relationship to Decedent <b>Son</b>		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) <b>614 Catskill Drive Effort, PA 18330</b>
15a. Place of Death (Check only one) <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home				
15b. Facility Name (If not institution, give street and number) <b>511 White Birch Drive</b>		15c. City or Town, State, and Zip Code <b>Chestnut Hill Township, Pennsylvania 18353</b>		15d. County of Death <b>Monroe</b>
16a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		16b. Date of Disposition <b>December 02, 2020</b>		16c. Place of Disposition (Name of cemetery, crematory, or other place) <b>Gilbert Cemetery</b>
16d. Location of Disposition (City or Town, State, and Zip) <b>Gilbert, Pennsylvania</b>		17a. Signature of Funeral Service Licensee or Person in Charge of Interment <i>Daryl Ann Gower (Electronically Signed)</i>		17b. License Number <b>FD139501</b>
17c. Name and Complete Address of Funeral Facility <b>Gower Funeral Home &amp; Crematory Inc 1426 Route 209 Gilbert, Pennsylvania 18331</b>				
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input checked="" type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> 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. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. <b>Self Employed Accountant</b>		
22b. Kind of Business/Industry <b>Bookkeeping/Accounting</b>		23. License Number		
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		23a. Date Pronounced Dead (Mo/Dav/Yr) <b>November 25, 2020</b>		23b. Signature of Person Pronouncing Death (Only when applicable) <b>James Scullion Deputy Coroner</b>
23d. Date Signed (Mo/Dav/Yr) <b>November 25, 2020</b>		23e. Time of Death <b>Pronounced 11:53 AM</b>		23c. License Number
25. Was Medical Examiner of Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>CAUSE OF DEATH</b>				
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. <b>Cardiac Arrest</b> Due to (or as a consequence of):				Immediate
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. <b>Probable Myocardial Infarction</b> Due to (or as a consequence of):				Immediate
c. <b>Supra Ventricular Tachycardia</b> Due to (or as a consequence of):				Years
d. <b>Rapid Atrial Fibrillation</b> Due to (or as a consequence of):				Years
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
32. Date of Injury (Mo/Dav/Yr) (Spell Month)		33. Time of Injury		
34. Place of Injury (e.g. home; construction site; farm; school)		35. Location of Injury (Street and Number, City, State, Zip Code)		
36. Injury at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		38. Describe How Injury Occurred:
39a. Certifier - physician, certified registered nurse-practitioner, physician assistant, medical examiner/coroner [Check only one]: <input type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.				
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) <b>4230 Manor Drive Hamilton Township, Pennsylvania 18360</b>		39c. Date Signed (Mo/Dav/Yr) <b>November 25, 2020</b>		
40. Registrar's District Number <b>45-420</b>		41. Registrar's Signature <i>Diane L. Stuart (Electronically Signed)</i>		42. Registrar File Date (Mo/Dav/Yr) <b>November 27, 2020</b>
43. Amendments				

To Be Completed/Verified By: FUNERAL DIRECTOR

ALIAS USED

To Be Completed By: MEDICAL CERTIFIER

NAME OF DECEDENT: Judith Elizabeth Fiduccia