

**HAMPSHIRE
REGISTRY OF DEEDS**

**DOCUMENT
COVER SHEET**



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PROPERTY ADDRESS: 26 Taylor Street, Amherst, MA
01002

DOCUMENT TYPE: Executor's Deed

NAME REFERENCE: Dororhea Kissam



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

110

REGISTERED NUMBER STATE USE ONLY

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)		
Dorothea		A		Kissam	F	August 17, 2011		
PLACE OF DEATH (City/Town):			COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			
Amherst			Hampshire		26 Taylor Street			
PLACE OF DEATH (Check only one):				SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR		
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				[REDACTED]		-----		
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)				RACE (e.g. White, Black, American Indian, etc.) (Specify)		DECEDENT'S EDUCATION (Highest Grade Completed) Elementary Sec (0-12) College (1-4, 5+)		
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				White		5+		
AGE - Last Birthday (Yrs.)		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MINS		DATE OF BIRTH (Mo., Day, Yr.)		
88						Aug 17, 1923		
BIRTHPLACE (City and State or Foreign Country)				Trenton, NJ				
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)			USUAL OCCUPATION (Prior - If Retired)		KIND OF BUSINESS OR INDUSTRY	
Divorced		Samuel W Shor			Registered Nurse		Medical	
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY								
26 Taylor Street Amherst, Hampshire, MA								
FATHER - FULL NAME						STATE OF BIRTH (If not in the US, name country)		
Philip Kissam						NJ		
MOTHER - NAME (GIVEN) (MAIDEN)						STATE OF BIRTH (If not in the US, name country)		
Dorothy Wurttemberg						NY		
INFORMANT'S NAME				MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE				
Thomas White				8 Shantry Road Colebrook, CT 06021				
RELATIONSHIP				Cousin				
23 METHOD OF IMMEDIATE DISPOSITION				FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE				
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.				Ronald D Lashway Sr				
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)				LOCATION (City/Town, State)				
Springfield Crematory				Springfield, MA				
DATE OF DISPOSITION (Mo., Day, Yr.)				NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE				
Aug 19, 2011				Douglass Funeral Service 87 N.Pleasant St Amherst, MA 01002				
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Sarcomatoid carcinoma of kidney</u>					Approximate Interval Between Onset and Death	
		DUE TO (OR AS A CONSEQUENCE OF)					11 months	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated 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)	
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.								
30 MED. EXAM. NOTIFIED? (Yes or No)						31 WAS AUTOPSY PERFORMED? (Yes or No)	32 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
No						No		
34 MANNER OF DEATH				DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY		
<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION								
DESCRIBE HOW INJURY OCCURRED				PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify		LOCATION (No. & St., City/Town, State)		
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.				37a 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) stated.				
(Signature and Title) <u>Andrew F. Hall MD</u>				(Signature and Title) _____				
DATE SIGNED (Mo., Day, Yr.)				DATE SIGNED (Mo., Day, Yr.)				
August 17, 2011								
36b NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER				36c HOUR OF DEATH				
				9:30 A M				
36d				37b PRONOUNCED DEAD (Mo., Day, Yr.)				
				37c PRONOUNCED DEAD (Hr)				
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)				37d				
Andrew F. Hall MD 264 Elm Street Northampton, MA 01060				37e				
38				39 LICENSE NO. OF CERTIFIER				
				50685				
WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		IF YES, DATE PRONOUNCED		IF YES, TIME PRONOUNCED		40d NAME OF PRONOUNCER		
Yes		August 17, 2011		9:30 A M		Julia Lynch		
DATE BURIAL PERMIT ISSUED				RECEIVED IN THE CITY/TOWN OF				
August 18, 2011				AMHERST				
SIGNATURE-BO. OF HEALTH AGENT				CLERK'S SIGNATURE		DATE OF RECORD		
Ronald D. Lashway Sr				Sandra J. Burgess		AUG 18, 2011		

Date Issued: MAY - 6 2013

I, the undersigned, hereby certify that I am Clerk of the Town of Amherst; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

Sandra J. Burgess
Sandra J. Burgess
Amherst Town Clerk

ATTEST: HAMPSHIRE, *Mary Olberding*, REGISTER
MARY OLBERDING