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.

Local Registrar

1/24/22

Date Issued

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nt -		CERTIFI	CATE OF D	EATH		State File	Number; 4	2105	1-202
L. Decedent's Legal Name (First, Middle,	Last, Suffix)		2. Sex	11. 017500.0	Security Num				(1111)
George Ernest Watts Jr 5a. Age-Last Birthday (Yrs) 5b. Under 1	Year 5c. Under 1 Da	v 6 Date of Bir	Male th (Mo/Day/Year) (S		6-4931	O ace (City and	ctober 2	7, 2021	
Months	Days Hours M	inutes			Elmira,	New Yo	rk	eign Country)	
24 Ia, Residence (State or Foreign Country)	8b. Residence (Stree	t and Number - Includ	June 11, 1997 de Apt No.) 8c. 0		7b. Birthpl Live in a Tow	lace (County)	Chemun	pq	all line.
New York			1XIv	as, decedent	lived in Va	n Etten	100	al parte	
d. Residence (County) Chemung	488 Barnes H 8e. Residence (Zip Co			o. decedent	lived within li	mits of			city/l
9. Ever in US Armed Forces? 10.	Marital Status at Time of	Death Married	Widowed				give name p	rior to first ma	
Yes X No Unknown C. Father / Parent's Name (First, Middle		ver Married	Unknown	or / Parent's	Name Prior t	o Eiret Marris	an (First Mi	ddle Last Suf	Rev)
George E. Watts	, Last, Sumx)		13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Kelly L. Conrad						
14n. Informant's Name	o. Relationship to Dec	ship to Decedent 14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) 488 Barnes Hill Road Lockwood, NY 14859							
George E. Watts	[F8	15a. Place	of Death (Check on		Hoad Loc	ckwood, r	IY 14859	,	
If Death Occurred in a Hospital:	If Death Occurn	If Death Occurred Somewhere Other Than a Hospital:				Hospice Facility Decedent's Home			
Emergency Room/Outpatient 15b. Facility Name (If not institution, give	15c. City or Tow	15c. City or Town, State, and Zip Code				Other (Specify) 15d. County of Death			
Robert Packer Hospital 16a. Method of Disposition Bur		Sayre, Pennsylvania 18840				Bradford			
16a. Method of Disposition Bur		16b. Date of Disposition 16c. Place of Disposition (Name October 28, 2021 White Haven Memoria					or other place		
Other (Specify) 16d. Location of Disposition (City or Tow		of Funeral Service Lie				t 17b. Licen	se Number		
Pittsford, New York		ullivan (Electron				13502			
17c. Name and Complete Address of Fun	eral Facility Sullivan's	s Funeral Home					1		1000
365 E Franklin Street Horseh	leads, New York 1	4845	ispanic Origin - Chec	k the	20 Dende	t's Pace Cha	HONE OF	MORE races to	Indicate who
18. Decedent's Education - Check the bo highest degree or level of school comple		box that best desc	ribes whether the d	ecedent	the decedent			erself to be.	
8th grade or less No diploma, 9th - 12th grade		is Spanish/Hispani box if decedent is	c/Latino. Check the not Spanish/Hispani	"No" c/Latino.	White Black or A	African Ameri	can	Korean Vietname	se
High school graduate or GED comp Some college credit, but no degree	X No, not Spanis	h/Hispanic/Latino Mexican American, (hicano	American Asian Ind	n Indian or Ala	ska Native	Other Asi		
Associate degree (e.g. AA, AS)	Yes, Puerto Ric	an	Lincario	Chinese				an or Chamor	
Bachelor's degree (e.g. BA, AB, BS) Master's degree (e.g. MA, MS, ME	ng, MEd, MSW, MBA)	Yes, Cuban Yes, other Spar	nish/Hispanic/Latino		Filipino Japanese				ific Islander
Doctorate (e.g. PhD, EdD) or Profes	sional degree	(Specify)	Hilling		Other (Sp	pecify)			
(e.g. MD, DDS, DVM, LLB, JD) 21. Decedent's Single Race Self-Designat	ion - Check ONLY ONE to	indicate what the de	cedent considered h	imself or he	rself to be. 2	2a. Decedent	's Usual Occ	upation - India	ate type of w
White Black or African American	Japanese	Samoan	cific Islander		d	ione during n	nost of worki	ing life. DO NO	OT USE RETIR
American Indian or Alaska Native	Vietnamese		ow/Not Sure			Studen	h l.		
Chinese	Asian Indian Other Asian Chinese Native Hawaiian				4	22b. Kind of Business/Industry			
	Other (Sp	pecny)	1012 - 11 - C						
Filipino	Guamanian or Cha	morro				n/a			
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR	Guamanian or Char 23a. Date Pronounced	morro Dead (Mo/Day/Yr)	23b. Signature of	Person Pron		10.22	applicable)	23c. License	Number
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH	Guamanian or Cha	morro Dead (Mo/Day/Yr)				10.22		23c. License MD065	
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR	Guamanian or Char 23a. Date Pronounced October 27, 202	morro Dead (Mo/Day/Yr) 21 :05	23b. Signature of LON OVedOV 25. Was Medical I	itz MD	ouncing Death	h (Only when	applicable)	1	759L
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH 23d. Date Signed (Mo/Day/Yr) October 27, 2021 26. Part L. Enter the chain of events-	Guamanian or Char 23a. Date Pronounced October 27, 20; 24. Time of Death Pronounced 09 diseases. injuries, or com	morro Dead (Mo/Day/Yr) 21 :05 CAUSE polications-that direc	23b. Signature of Lon Ovedov 25. Was Medical I OF DEATH thy caused the death	itz MD Examiner or (ouncing Death Coroner Conta	h (Only when acted? events such i	Yes	MD065	759L
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ITEM 528-34 MUST BE COMPLETED BY PERSON WHO PRONOLONCES OR EXTINED SEAM 23d. Date Signed (Mo/Day/Yr) October 27, 2021 26. Part I. Enter the <u>chain of svents</u> - respiratory arrest, or ventricular IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Guamanian or Char 23a. Date Pronounced October 27, 20: 24. Time of Death Pronounced 09 diseases, injuries, or corr fibrillation without showi	morro Dead (Mo/Day/Yr) 21 :05 CAUSE pplications-that direc ng the etiology. Do 1 cine-related my Due to (or a Due to (or a	23b. Signature of Lon Ovedov 25. Was Medical 1 OF DEATH tty caused the death toT ABBREVIATE. E rocarditis s a consequence of	itz MD Examiner or (b. DO NOT en nter only one	ouncing Death Coroner Conta	h (Only when acted? events such i	Yes	MD065	Approxima Interval Onset to De
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