

DATE ~~NEW YORK CITY~~
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

156-97-029267

Certificate No.

JUN 15 3 08 PM '97

1. NAME OF DECEASED
(Type or Print)

RICHARD
(First Name)

ELLINGBOE
(Middle Name)

ELLINGBOE
(Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

| | | | | |
|--|--|---|--|---|
| 2. PLACE OF DEATH | 2. NEW YORK CITY 2a. BOROUGH BRONX | 2b. Name of hospital or other facility (if not facility, street address) MONTICORE MEDICAL CENTER | 2c. If in hospital or other facility <input checked="" type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg 4 <input type="checkbox"/> Inpatient | 2d. If inpatient, date of current admission Month Day Year |
| 3a. Date and Hour of Death (Month) (Day) (Year) | JUNE 14, 1997 | 3b. HOUR 1021 | 4. SEX MALE | 5. APPROXIMATE AGE 57 |

6. I HEREBY CERTIFY THAT (Check One)

I attended the deceased

A staff physician of this institution attended the deceased

Dr. _____ attended the deceased

from JUNE 14 19 97 to JUNE 14 19 97 and last saw _____ alive at _____ M

on _____ 19 _____ I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See first instruction on reverse of certificate.

Witness my hand this 16 day of JUNE 19 97 Signature _____ DO MB

Name of Physician Young Yoon (Type or Print) Address 111 EAST 216th STREET License No. _____

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)

| | | | | | | |
|--|--|---|--|---|----------|---|
| 7. Usual Residence & State N.Y. | 7b. County Bronx | 7c. City, Town, or Location Riverdale | 7d. Street & House No. 227 West 260th Street | Zip 10471 | Apt. No. | 7e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Served in U.S. Armed Forces No Yes <input checked="" type="checkbox"/> 1 <input type="checkbox"/> From To | 9. Marital Status (Check One) 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Widowed 3 <input checked="" type="checkbox"/> Married or separated 4 <input type="checkbox"/> Divorced | 10. Name of Surviving Spouse (If wife, give maiden name) Jutta Schoene | | | | |
| 11. Date of birth (Month) (Day) (Year) of Decedent September 2 1939 | 12. Age at last birthday 57 | If under 1 Year mos days | If less than 1 Day hours mins | 13. Social Security No. 222-24-5017 | | |
| 14a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) Attorney | | | 14b. Kind of business or industry Law | | | |
| 15. Birthplace (City & State or Foreign Country) Wilmington, De. | | 16. Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ | | 17. Other name(s) by which decedent was known Richard K. Ellingboe | | |
| 18. NAME OF FATHER OF DECEDENT Ellsworth Ellingboe | | | 19. MAIDEN NAME OF MOTHER OF DECEDENT Helen Jones | | | |
| 20a. NAME OF INFORMANT Jutta Ellingboe | 20b. RELATIONSHIP TO DECEASED Wife | 20c. ADDRESS (CITY) (STATE) (ZIP) 227 West 260th St. Riverdale, NY 10471 | | | | |
| 21a. NAME OF CEMETERY OR CREMATORY Long Island Cremation Co West Babylon, New York | | 21b. LOCATION (City, Town, State and Country) | | 21c. DATE OF BURIAL OR CREMATION June 17, 1997 | | |
| 22a. FUNERAL ESTABLISHMENT The Neptune Society | | 22b. ADDRESS 2084 Horseblock Rd. Medford, NY 11763 | | | | |

VR15 (1/94) VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify, that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

STEPHEN P. SCHWARTZ
CITY REGISTRAR



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DATE ISSUED

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