

**CERTIFICATE OF DEATH
STATE OF VERMONT**

DM-VS-5-7M-66

Certificate No. _____

1. FULL NAME OF DECEASED (First) (Middle) (Last) Ralph R. Lapointe			2. DATE OF DEATH (Month) (Day) (Year) 2:40 AM September 13, 1967			
3. PLACE OF DEATH a. COUNTY Chittenden b. CITY OR TOWN (If rural, please state) Burlington, Vermont c. LENGTH OF STAY (In this place) 20 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Mary Fletcher Hospital			4. USUAL RESIDENCE (If institution—residence before admission) a. STATE Vermont b. COUNTY Chittenden c. CITY OR TOWN (If rural, please state) Winooski d. STREET ADDRESS (If rural, give R. F. D. number) 2 Lapointe Street			
5. SEX Male	6. COLOR OR RACE White	7. MARITAL STATUS (Check one) <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D	8. DATE OF BIRTH 1/8/22	9. AGE (In years last birthday) 45	If under 1 year Months Days	If under 24 hrs. Hours Mins.
10a. USUAL OCCUPATION (Kind of work done most of working life) Professor		10b. BUSINESS OR INDUSTRY University of Vermont		11. BIRTHPLACE Winooski, Vermont		12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME Euclide Lapointe			15. MOTHER'S MAIDEN NAME Lea Rabidoux			
14. FATHER'S BIRTHPLACE (Town) (State or Country) Rhode Island		16. MOTHER'S BIRTHPLACE (Town) (State or Country) Winooski, Vermont		17. NAME OF HUSBAND OR WIFE Cathryn Lapointe		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (Give war & dates of service) Unknown		19. SOCIAL SECURITY NO.		20. INFORMANT'S NAME (Person giving this information) Cathryn Lapointe, Wife		
21. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury or complications which caused death. 2. ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 3. OTHER SIGNIFICANT CONDITIONS (Contributing to the death but not related to disease or condition causing death.) Extensive metastases, lungs, liver, nodes etc.			Medical Certification (a) DUE TO Ca rectum (b) DUE TO (c)		DURATION 2 yrs. 16 months	
22. DATE OF OPERATION May 25, 66.		22a. MAJOR FINDINGS OF OPERATION Ca rectum & liver metastasis. Pseudo sigmoid obstruction		23. AUTOPSY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
24a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		24b. PLACE OF INJURY (In home, farm, factory, street, etc.)		24c. CITY OR TOWN COUNTY STATE		
24d. TIME OF INJURY (Month, day, year) (hour) (m)		24e. INJURY OCCURRED While at work <input type="checkbox"/> Not at work <input type="checkbox"/>		24f. HOW DID INJURY OCCUR?		
[conducted a post mortem examination on the body of the decedent]						
25. I hereby certify that I [attended the deceased from May 1966 , to Sept 13 1967 , that I last saw deceased alive] on Sept 12 1967 and that death occurred at 2:40 m, from the cause and on the date stated above.						
26a. SIGNATURE J. B. McGinn		26b. ADDRESS Burlington Vt		26c. DATE SIGNED 9-14-67.		
27a. BURIAL, CREMATION, REMOVAL (Specify) Burial		27b. DATE 14 Sept, 67		27c. NAME OF CEMETERY OR CREMATORY St. Stephen's		
27d. LOCATION (Town or County) (State) Colchester, Vt.		28. DATE REC'D BY TOWN OR CITY CLERK 9-14-67		29. CLERK'S SIGNATURE Thelma Brown Asst City Clerk		
30. FUNERAL DIRECTOR'S SIGNATURE Robert P. Poirier		30. ADDRESS Winooski, Vt.				

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J. B. MCGINN

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