

301225
Jennifer L. Morbelli

Physician/
Medical Examiner

Funeral
Director

Baltimore, MD 21215-0036
Permit: Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f, how any injury or other traumatic event, the Medical Examiner must be notified at once.

To Be Completed by Funeral Director

Physician
Medical Examiner

Baltimore, P.O. Box 68760,
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.
To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial - transit Medical Certification: To Be Completed by Physician/Medical Examiner

To Be Completed by Physician/Medical Examiner

CERTIFICATION OF VITAL RECORD

STATE OF MARYLAND
Department of Health and Mental Hygiene
Division of Vital Records

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.
State of Maryland / Department of Health and Mental Hygiene
Certificate of Death

2013 06084

1-For State Registrar
1. Decedent's Name (First, Middle, Last) **Jennifer Morbelli**
2. Date of Death: Month **February**, Day **7**, Year **2013**
3. Time of Death: **1225** hrs
4a. Facility Name (if not institution, give street and number) **Shady Grove Adventist Hospital**
4b. City, Town, or Location of Death **Rockville**
4c. County of Death **Montgomery**
5. Social Security Number: 1 M 2 F 7. Age (In yrs. last birthday) **29** Yrs. 8. Date of Birth (MM/DD/YYYY) **10/16/1983**
9. Birthplace (State or Foreign, Country) **N.Y.**
10a. State **N.Y.** 10b. County **Westchester** 10c. City, Town or Location **White Plains** 10d. Inside City Limits 1 Yes 2 No
10e. Street and Number **10601** 10f. Zip Code **10601** 10g. Citizen of What Country? **USA**
11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U.S. Armed Forces? 1 Yes 2 No
13. Was Decedent of Hispanic Origin? (Specify Yes or No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.) **White**
14. Race - American Indian, Black, White, etc. Specify: **White**
15. Decedent's Education (Specify only highest grade completed) **Elementary/Secondary (0-12)** 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) **Teacher** 16b. Kind of Business/Industry **Education**
17. Father's Name (First, Middle, Last) **Kevin M Morbelli/Husband** 18. Mother's Name (First, Middle, Maiden Surname) **Lisa**
19a. Informant's Name/Relationship (Type, Print) **Morbelli/Husband** 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) **Greenwood Union Cem.** 20c. Location - City or Town, State **Rye, New York**
21. Signature of Funeral Service Licensee **Philip D. Rinaldi** 22. Name and Address of Facility **PHILIP D. RINALDI FUNERAL SERVICE, P.A. 9241 Columbia Blvd. Silver Spring, Md 20910**
23a. Part I: Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
Immediate Cause (Final disease or condition resulting in death) **Disseminated Intravascular Coagulation**
Due to (or as a consequence of): **Amniotic Fluid Embolism following Medical Termination of Pregnancy**
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last **Amniotic Fluid Embolism following Medical Termination of Pregnancy**
23b. Was decedent pregnant in the past 12 months? 1 Yes 2 No 3 Unknown 23c. If yes, outcome of pregnancy 1 Live birth 2 Fetal death 3 Ectopic pregnancy 4 Pregnant at time of death 5 Other (Specify) **23a-c, 27, per me, g936 2-27-13 sm**
23d. Date of delivery: Month **Feb**, Day **6**, Year **2013**
23e. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown
24a. Was an autopsy performed? 1 Yes 2 No 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No
25. Was case referred to medical examiner? 1 Yes 2 No
26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other
27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be determined
28a. Date of Injury (Month, Day, Year) 28b. Time of Injury 1 Yes 2 No 28c. Injury at Work? 1 Yes 2 No
28d. Describe how injury occurred
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
28f. Location (Street and Number or Rural Route Number, City or Town, State)
29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated (Check only one) 2 Medical Examiner: 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.
29b. Signature and title of certifier **Carol Halloran** 29c. License number **O.C.M.E.**
29d. Date signed (Month, Day, Year) **February 8, 2013**
30. Name and address of person who completed cause of death (Item 23a) **Carol E. Allan, MD Assistant Medical Examiner 900 W. Baltimore Street, Baltimore, MD 21223**
31. Date filed (Month, Day, Year) **FEB 13 2013** 32. Registrar's Signature **Jennifer L. Morbelli**

DHMH 17-Rev 1/2001
OCME 2006

1352486



Date Issued
March 07, 2013

OCME ORIGINAL

I HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

Jennifer L. Morbelli
STATE REGISTRAR

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL OF VITAL RECORDS CLEARLY EMBOSSED.