

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME: FIRST MIDDLE LAST Paul C. Adam 2. SEX: MALE FEMALE 3A. DATE OF DEATH: 09 08 2015 3B. HOUR: 8:00 P M

4A. PLACE OF DEATH: HOSPITAL INPATIENT 4B. IF FACILITY, DATE ADMITTED: 08 31 2015 4C. NAME OF FACILITY: Crouse Hospital 4D. LOCALITY: SYRACUSE 4E. COUNTY OF DEATH: ONONDAGA

5. DATE OF BIRTH: 11 28 1960 6A. AGE IN YEARS: 54 7A. CITY AND STATE OF BIRTH: CANTON, NY 8. SERVED IN U.S. ARMED FORCES? 9. DECEDENT OF HISPANIC ORIGIN? 10. DECEDENT'S RACE: White/Caucasian

11. DECEDENT'S EDUCATION: Bachelor's degree 12. SOCIAL SECURITY NUMBER: 079-40-7470 13. MARITAL STATUS: MARRIED 14. SURVIVING SPOUSE: Cynthia Johnson

15A. USUAL OCCUPATION: Lieutenant 15B. KIND OF BUSINESS OR INDUSTRY: Government 16. LOCALITY: Pulaski 16E. ZIP CODE: 13142

17. BIRTH NAME OF FATHER: Richard Adam 18. BIRTH NAME OF MOTHER: Mary Louise McGrath 19A. NAME OF INFORMANT: Cynthia Adam 19B. MAILING ADDRESS: 105 Lake St Pulaski, NY 13142

20A. PLACE OF BURIAL: TRAUB Crematory 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: TRAUB Crematory 20C. LOCATION: Geneva, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: Foster-Hax F.H 52 Park St Pulaski, NY 13142 21B. REGISTRATION NUMBER: 00600 22A. NAME OF FUNERAL DIRECTOR: Karl W. Hax 22B. SIGNATURE OF FUNERAL DIRECTOR: Karl W. Hax 22C. REGISTRATION NUMBER: 11563

23A. SIGNATURE OF REGISTRAR: Paul Johnson 23B. DATE FILED: SEP 11 2015 24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Cheryl M. Cash 24B. DATE ISSUED: 09 10 2015

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Benjamin S. Himpler, MD License No.: 179136 Signature: Benjamin S. Himpler, MD Month: 09 Day: 09 Year: 2015

26A. Attending physician attended deceased: FROM 07 13 2015 TO 09 08 2015 26B. Deceased last seen alive by attending physician: 09 08 2015 26C. Pronounced Dead: 09 08 2015 AT 8:00 P M

27. MANNER OF DEATH: NATURAL CAUSE 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO 29A. ALTOPSY? NO 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)). PART I. IMMEDIATE CAUSE: (A) Respiratory Arrest minutes (B) Metastatic Appendiceal Carcinoma Years

31A. IF INJURY, DATE, TIME OF DEATH: 8:00 AM 9/8/2015 31B. INJURY LOCALITY: 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO

32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? YES 33A. IF FEMALE: Not pregnant within last year 33B. DATE OF DELIVERY: 33C. DATE OF DELIVERY: 33D. DATE OF DELIVERY: 33E. DATE OF DELIVERY:

For use by physician or registrars: NAME OF DECEDENT: ADAM, PAUL DATE OF DEATH: 800 9/8/2015

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY
OF A RECORD ON FILE IN THE OFFICE OF VITAL STATISTICS,
ONONDAGA COUNTY HEALTH DEPARTMENT, SYRACUSE,
N.Y. DO NOT ACCEPT THIS COPY UNLESS THE RAISED
SEAL OF THE ONONDAGA COUNTY HEALTH DEPARTMENT
IS AFFIXED THEREON.

SEP 23 2015

DATE OF ISSUANCE

John C. [Signature]

Commissioner of Health