Autopsyfiles.org - Aaron Hernandez Death Certificate

<table>
<thead>
<tr>
<th>Form</th>
<th>Date of Death</th>
<th>Sex</th>
<th>Place of Death</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-391-07012014</td>
<td>April 19, 2017</td>
<td>Male</td>
<td>Leominster</td>
<td></td>
</tr>
</tbody>
</table>

**HOSPITAL OR OTHER INSTITUTION—HOSPITAL**

**HEALTHALLIANCE HOSPITAL**

**PART I—CAUSE OF DEATH**

<table>
<thead>
<tr>
<th>Immediate Cause</th>
<th>Appx Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPHYXIA BY HANGING</td>
<td>— MIN.</td>
</tr>
</tbody>
</table>

**PART II—OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH**

**HOSPITAL OF DEATH**

**HEALTHALLIANCE HOSPITAL**

**PLACE OF INJURY**

**PRISON CELL**

**LOCATION ADDRESS OF INJURY**

1 Harvard Road, Shirley, Massachusetts 01464

**DESCRIPTION OF HOMICIDE OCCURRED**

HANGED HIMSELF

**APPROX TIME OF DEATH**

04:07 AM

**MEDICAL CERTIFIER INFORMATION—SAME/TITLE**

HENRY M. NIELDS, MD

**MEDICAL CERTIFIER INFORMATION—ADDRESS**

720 Albany Street, Boston, Massachusetts 02119

**MEDICAL CERTIFIER INFORMATION—LICENSE NUMBER**

78068

**PROVIDER OF CARE FOR THE DECEASED—SAME/TITLE**

**PROVIDER INFORMATION—SAME/TITLE**

**DATE SIGNED (MM/DD/YYYY)**

April 20, 2017

As HENRY M. NIELDS, MD
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Blood</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Date:** 4/19/17

**Name:**

**Address or Hospital:**

**Time:** 10:30 AM

**Valuables List:**

- Wallet
- Purse
- Currency
- Changes
- Watches
- Rings (describe by color of metal and stones)
- Keys and key rings, chains, etc.
- Bank books, checks, etc.

**Prepared by:**

**Witness:**

**Reg. No.:**

**Time:** AM

**Witness:**

**Please indicate: Body bag used (Yes No):** Yes

**Please indicate: Body bag exchanged (Yes No):** No