



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

321

ON REVERSE SIDE
USE BY
CLERKS
EXAMINERS

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

11 of Death
n File

ONLY

DECEDENT - NAME John Fitzgerald Kennedy, Jr.		SEX Male		DATE OF DEATH (Mo., Day, Yr.) July 16, 1999	
PLACE OF DEATH (City and State) Falmouth		COUNTY OF DEATH Barnstable		HOSPITAL OR OTHER INSTITUTION - NAME (If death occurred in hospital, give name and number) United States Coast Guard Station	
PLACE OF DEATH (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Evolvement <input type="checkbox"/> COA		OTHER <input type="checkbox"/> Living Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER 119-36-5900	
RACE (Specify Puerto Rican, Dominican, Cuban, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		RACE (Specify White, Black, American Indian, etc.) White		DECEDENT'S EDUCATION (Highest grade completed) 6	
AGE - Last Birthday (Mo., Day, Yr.) 38		DATE OF BIRTH (Mo., Day, Yr.) Nov. 25, 1960		BIRTHPLACE (City and State or Foreign Country) Washington, D.C.	
MARRIED, NEVER MARRIED, DIVORCED OR ANNUITED Married		LAST SPOUSE (If wife, give maiden name) Carolyn Bessette		USUAL OCCUPATION Publisher	
RESIDENCE - No. & St. City/Town/Village, State/Country 20 North Moore Street, New York, New York, New York		KIND OF BUSINESS OR INDUSTRY Magazine		ZIP CODE 10013	
FATHER - Full Name John F. Kennedy, Sr.		STATE OF BIRTH (If not in the US. Name country) MA		MOTHER - Name (Maiden) Jacqueline Bouvier	
INFORMANT'S NAME Caroline Schlossberg		MAILING ADDRESS - No. & St. City/Town/Village, State, ZIP Code 886 Park Ave., New York, NY 10021		RELATIONSHIP Sister	
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation		FURNERAL SERVICE (Name of firm or other business) Robert L. Studley		LICENSE # 5024	
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) Duxbury Crematory		LOCATION (City/Town/Village, State) Duxbury, Massachusetts			
DATE OF DISPOSITION (Mo., Day, Yr.) July 21, 1999		NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Doane, Beal & Ames, Inc., 160 W. Main St., Hyannis, MA 02601			
PART I - Enter the immediate, remote, or contributing causes that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, stroke or heart failure. List only one cause of each type in enough detail to permit a type legend.				Applicable interval between Onset and Death Instant	
IMMEDIATE CAUSE of fatal disease or condition resulting in death Multiple traumatic injuries.					
Secondary for conditions, if any, leading to immediate cause (Enter underlying cause or causes (mode of injury that related events resulting in death) LAST					
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I					
WAS CASE REFERRED TO A ET? (Yes or No) Yes		MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED		DATE OF INJURY (Mo., Day, Yr.) July 16, 1999	
DESCRIBE HOW INJURY OCCURRED Plane crash victim.		PLACE OF INJURY (If name from arrest, factory, office, ship, etc.) Ocean		LOCATION (No. & St. City/Town/Village, State) waters off of Marcha's Vineyard, MA	
SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER Richard J. Evans, M.D.		DATE SIGNED (Mo., Day, Yr.)		SIGNATURE AND TITLE OF CLERK OF TOWN OR CITY Carol S. Martin	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) Richard J. Evans, M.D., 870 County Road, Pocasset, MA 02559		DATE SIGNED (Mo., Day, Yr.) July 21, 1999		HOUR OF DEATH ON or about 9:41 p. m.	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) Richard J. Evans, M.D., 870 County Road, Pocasset, MA 02559		DATE SIGNED (Mo., Day, Yr.) July 21, 1999		HOUR OF DEATH ON or about 5:30 p. m.	
WAS THERE A PRONOUNCEMENT FORM? (Yes or No) No		IF YES, DATE PRONOUNCED		IF YES, TIME PRONOUNCED	
DATE OF BURIAL PERFORMED July 26, 1999		RECEIVED IN THE CITY/TOWN OF Falmouth		DATE OF RECORD July 27, 1999	
SIGNATURE OF CLERK OF HEALTH AGENCY Carol S. Martin		SIGNATURE OF CLERK OF HEALTH AGENCY Carol S. Martin		DATE OF RECORD July 27, 1999	

I, the undersigned, as the Clerk of the Town of Falmouth, Barnstable County in the Commonwealth of Massachusetts, have custody of all the records on DEATHS recorded in my office; and as such I certify that the above is a TRUE COPY from said records.

Carol S. Martin

CAROL S. MARTIN
FALMOUTH TOWN CLERK