-91-

CERTIFICATE OF DEATH

Certificate No. 156-80-120874

DATE FILED DEC 10 1 33 PM '80

1. NAME OF DECEASED (Type or Print): John (First Name) Winston (Middle Name) Ono Lennon (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2. PLACE OF DEATH: a. NEW YORK CITY, BOROUGH: Manhattan; b. Name of hospital or institution, if not hospital, street address: Roosevelt Hospital

c. If in hospital (Check): 1 DOA; 2 Emerg. Rm.; 3 Outpatient; 4 Inpatient

3a. DATE AND HOUR OF DEATH: (Month) December (Day) 8 (Year) 1980; 3b. HOUR 11:15 PM

4. SEX: Male

5. APPROXIMATE AGE: 40 Yrs.

6. I HEREBY CERTIFY, that, in accordance with the provisions of law, I took charge of the dead body OFFICE OF CHIEF MEDICAL EXAMINER at 520 FIRST AVENUE, N. Y. 16, N. Y. on the 9th day of December 1980

I further certify from the investigation and post mortem examination ☒ with ☐ without autopsy that in my opinion death occurred on the date and at the hour stated above and resulted from ☐ Natural Causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined Circumstances ☐ Pending Further Investigation

and that the causes of death were:

PART 1	a. Immediate cause	Multiple gunshot wounds of left shoulder and chest;
	b. Due to or as a consequence of	Left lung and left subclavian artery; External and
	c. Due to or as a consequence of	Internal hemorrhage. Shock.
PART 2	Contributory causes	Homicide.

M.E. Case No.: M-9387

Signed: Elliot M. Gross [signature] (Chief) (Medical Examiner)

PERSONAL PARTICULARS (To be filled in by Funeral Director)

7. USUAL RESIDENCE a. STATE: New York; b. COUNTY: N.Y.; c. CITY, TOWN OR LOCATION: New York; d. STREET AND HOUSE NUMBER: 1 West 72 Street; e. INSIDE CITY LIMITS OF: ☒ YES ☐ NO

8. MARITAL STATUS (Check one): 1 ☐ Never Married; 2 ☒ Married or Separated; 3 ☐ Widowed; 4 ☐ Divorced

9. CITIZEN OF WHAT COUNTRY: Great Britain

10. NAME OF SURVIVING SPOUSE (If wife, give maiden name): Yoko Ono

11. DATE OF BIRTH OF DECEDENT: (Month) October (Day) 9, (Year) 1940

12. AGE AT LAST BIRTHDAY: 40; If UNDER 1 Year: mos. / days; If LESS than 1 Day: hrs. / min.

13a. USUAL OCCUPATION (Kind of work done during most of working lifetime; do not enter retired.): Musician

b. KIND OF BUSINESS:

14. SOCIAL SECURITY NO.:

15. BIRTHPLACE (State or Foreign Country): Liverpool, England

16. OTHER NAME(S) BY WHICH DECEDENT WAS KNOWN:

17. NAME OF FATHER OF DECEDENT:

18. MAIDEN NAME OF MOTHER OF DECEDENT:

19a. NAME OF INFORMANT: Yoko Ono Lennon; b. RELATIONSHIP TO DECEASED: Wife; c. ADDRESS (City) (State): 1 West 72 Street NYC

20a. NAME OF CEMETERY OR CREMATORY: Ferncliff Crematory; b. LOCATION (City, Town, State and Country): Ardsley, N.Y.; c. DATE OF BURIAL OR CREMATION: Dec. 10, 1980

21a. FUNERAL DIRECTOR: Frank E. Campbell; b. ADDRESS: 1076 Madison Avenue NYC

Margin: Institution; Hosp. Resid.; Area-Dist.; R; C; Nativ. Dec.; Cause 1; Operation; Att.-Autop.; Cem.; Type Accid.; Occurrence

THIS CERTIFICATE NOT VALID UNLESS FILLED IN THE HEALTH DEPARTMENT. 1. Typewrite or print only with black ink. 2. Certificates containing alterations or omissions are unacceptable. 3. Items "Date filed," "Certificate No." and this space, reserved for Health Department use only.