

STATE OF COLORADO						
CERTIFICATION OF VITAL RECORD						
CERTIFICATE OF DEATH				STATE FILE NUMBER 1052020019106		
DECEDENT'S LEGAL NAME MARIE BERNICE DINNER				DATE OF DEATH JUNE 02, 2020		
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE-Last Birthday (Years) 73	UNDER 1 YEAR Months: Days:	UNDER 1 DAY Hours: Minutes:	DATE OF BIRTH (Mo/Day/Yr) [REDACTED] 1947	BIRTHPLACE (State or Foreign Country) ENGLAND
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL HOSPICE FACILITY			
Facility Name (if not institution, give street & number) THE DENVER HOSPICE CARE CENTER			CITY, TOWN OR LOCATION OF DEATH DENVER		COUNTY OF DEATH DENVER	
RESIDENCE - STREET AND NUMBER 8229 E 5TH AVENUE				APT. NO.	ZIP CODE 80230	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY DENVER		CITY OR TOWN DENVER	
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) AUDIOLOGIST				KIND OF BUSINESS/INDUSTRY AUDIOLOGY		DECEDENT'S EDUCATION DOCTORATE OR PROFESSIONAL DEGREE
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White		
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) BRUCE DINNER			
FATHER'S NAME PHILIP MEYERS			MOTHER'S NAME PRIOR TO FIRST MARRIAGE SARAH REICH			
INFORMANT'S NAME BRUCE DINNER			INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE			
NAME OF FUNERAL HOME FELDMAN MORTUARY, INC.			CITY AND STATE OF FUNERAL HOME DENVER COLORADO		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION BURIAL - CEMETERY		PLACE OF DISPOSITION ROSE HILL CEMETERY		LOCATION - CITY, COUNTY, STATE COMMERCE CITY ADAMS COLORADO		
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY	
PLACE OF INJURY						
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)						
DESCRIBE HOW INJURY OCCURRED						
WAS DECEDENT UNDER HOSPICE CARE YES	ACTUAL OR PRESUMED TIME OF DEATH 16:09 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) JUNE 02, 2020		TIME PRONOUNCED DEAD 16:31 MIL	
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?	
CAUSE OF DEATH						
PART I		Enter the chain of events - diseases, injuries, or complications - that directly caused the death.				Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a ACUTE RESPIRATORY FAILURE				DAYS
		b CYTOMEGALOVIRUS PNEUMONIA				DAYS
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		c METASTATIC T CELL LYMPHOMA				DIAGNOSIS DAYS AGO
		d CHRONIC LYMPHOCYTIC LEUKEMIA				YEARS
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I RECURRENT PNEUMONIA, PULMONARY EMBOLISM, HYPOTHYROIDISM						
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN CHRISTOPHER JUDE UNREIN DO 8299 E LOWRY BOULEVARD DENVER CO 80200					DATE SIGNED JUNE 03, 2020	
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER					DATE SIGNED	
DATE FILED BY REGISTRAR JUNE 04, 2020						



DATE ISSUED **JUNE 08, 2020**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes; 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 0119



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE