VITAL RECORD

STATE OF ALASKA

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
P.O. BOX 110675
JUNEAU, AK 99811-0675

TYPE/PRINT IN PERMANENT BLACK INK

150 06002558 STATE FILE NUMBER

DATE RECEIVED NOV 03 2006

BIRTH CERTIFICATE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): [redacted] Steven [redacted] Duque
1a. MAIDEN NAME:
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 08/17/2006
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 22
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 28, 1984
7. BIRTHPLACE (State or Foreign Country): New York
8. STATE OF DEATH: ALASKA
9a. PLACE OF DEATH (Check only one; see instructions on attached sheet): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☑ Other (Specify) Ocean
9b. FACILITY NAME (If not institution, give street and number): CG Cutter Healy, International Waters, 77.12.3N 177.35.8W
9c. CITY, TOWN, OR LOCATION OF DEATH: 400 Mi out Pt Barrow
10. MARITAL STATUS: ☑ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ UNKNOWN
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Petty Officer
12b. KIND OF BUSINESS/INDUSTRY: U.S. Coast Guard
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☑ YES ☐ NO ☐ UNKNOWN
14a. RESIDENCE - STATE: Florida
14b. CITY, TOWN, OR LOCATION: Miami Lakes
14c. STREET AND NUMBER: [redacted]
14d. ZIP CODE: 33016
14e. INSIDE CITY LIMITS OR SETTLED COMMUNITY? ☑ YES ☐ NO ☐ UNKNOWN

PARENTS

15. FATHER'S NAME (First, Middle, Last): [redacted]
16. MOTHER'S NAME (First, Middle, Maiden Surname): [redacted]

INFORMANT

17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ NO ☑ YES Specify: Hispanic
18. RACE - Filipino, Black, Alaska Native, White, etc. Specify: White
19. MOTHER'S NAME (First, Middle, Maiden Surname): [redacted]
20a. INFORMANT'S NAME (First, Middle, Last): [redacted]
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): [redacted]
20c. RELATIONSHIP TO DECEDENT: Mother

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☑ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Fred Hunter Crematory
21c. LOCATION - City, Town, State: Hollywood, Florida
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
22b. NAME AND ADDRESS OF FACILITY

PRONOUNCING OFFICIAL ONLY

Complete items 23a-b only when the certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge, death occurred at the time, date, and place stated.
Signature and Title ►
23b. DATE SIGNED (Month, Day, Year):
24. TIME OF DEATH: 20:05 M
25. DATE PRONOUNCED DEAD (Month, Day, Year): August 17,2006
26. WAS CASE REFERRED TO MEDICAL EXAMINER? ☑ YES ☐ NO

CAUSE OF DEATH

27. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Asphyxia with Pulmonary Barotrauma with Possible Air Embolism
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE LAST (disease or injury that initiated events resulting in death)

Approximate Interval Between Onset & Death

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

CERTIFIER

28a. CERTIFIER (Check only one):
☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23): To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing and certifying to cause of death): To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☑ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
28b. WAS AN AUTOPSY PERFORMED? ☑ YES ☐ NO
28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? ☑ YES ☐ NO
29a. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH: [redacted]
29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print name of certifier): Franc G. Pallico, M.D. Chief Medical Examiner 4500 South Boniface Parkway, Anchorage AK 99507
29c. DATE SIGNED (Month, Day, Year): 10-30-06
29e. LICENSE NUMBER: 1349

SEE DEFINITION ON ATTACHED SHEET

SEE INSTRUCTIONS ON ATTACHED SHEET

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

30. MANNER OF DEATH: ☐ Natural ☑ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL", ITEMS 31a - 31f MUST BE COMPLETED.
31a. DATE OF INJURY (Month, Day, Year): 8/17/2006
31b. TIME OF INJURY: 19:27
31c. INJURY AT WORK? ☑ YES ☐ NO
31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury): Scuba Diving Incident
31e. PLACE OF INJURY - At home, street, cannery, office, etc. (Specify): Ocean
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): CG Cutter Healy, International Waters, 77.12.3N 177.35.8W

FORM VS-101 REV. 3-06

1188684

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED NOV 07 2006

Phillip L. Mitchell
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS

PAGE 1 OF 1