

NEW JERSEY DEPARTMENT OF HEALTH

STATE FILE NUMBER

20130018162

CERTIFICATE OF DEATH



1a. Legal Name of Decedent (First, Middle, Last, Suffix) <b>Roshonda Denise Moore</b>		LIMB ONLY	
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)		<input type="checkbox"/>	
2. Sex Female	3. Social Security Number 158-62-7378	4a. Age 41 Years	5. Date of Birth (Mo/Day/Yr) 02/25/1972
6. Birthplace (City & State/Foreign Country) Newark, New Jersey			
7a. Residence-State New Jersey	7b. County Union	7c. Municipality/City Roselle Borough	
7d. Street and Number 116 Poplar Street	7e. Apt No.	7f. Zip Code 07203	7g. Inside City Limits? Yes
8a. Ever in US Armed Forces? No	8b. If Yes, Name of War:	8c. War Service Dates (From/To):	
9. Domestic Status at Time of Death Divorced	10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last) Theodore Jones			
12. Mother's Name Prior to First Marriage (First, Middle, Last) Darline Cecelia Moore			
13a. Name of Informant Andrew Wayne Johnson			13b. Relationship to Decedent Cousin
13c. Mailing Address (Street and Number, City, State, Zip Code) 116 Poplar Street, Roselle, NJ 07203			
14. Method of Disposition Burial	15. Place of Disposition (name of cemetery, crematory, other) Rosedale Cemetery	16. Location- City & State/Foreign Country Linden City, New Jersey	
17. Name and Complete Address of Funeral Facility Plinton Curry Funeral Homes Inc, 411 W Broad St., Westfield, NJ 07090-4104			
18. Electronic Signature of Funeral Director James Ronald Curry			19. NJ License Number 23JP00405300
20. Decedent Education Some college credit, but no degree	21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino	22. Decedent Race Black or African American	
23. Occupation of Decedent (Type of work done most of life, even if retired) Team Leader	24. Kind of Business/Industry Cable Company		
25. Name and Address of Last Employer Comcast, 800 Rahway Ave., Union, NJ 07083			
26. Date Pronounced Dead (Mo/Day/Yr) 03/19/2013	28. Name of Person Pronouncing Death Yvan D Duchaine		
27. Time Pronounced Dead (24-hr) 1935	29. License Number 25MA06289400	30. Date Signed (Mo/Day/Yr) 03/19/2013	
31. Date of Death (Mo/Day/Yr) 03/19/2013	32. Time of Death (24-hr) 1935	33. Was Medical Examiner Contacted? Yes	34. Place of Death Hospital: Inpatient
35a. Facility Name (if not institution, give street and number) Newark Beth Israel Medical Center			
35b. Municipality Newark City		35c. County Essex	
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently 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) LAST.			
Immediate Cause a. Pending Investigation			Interval Between Onset and Death unknown
Due to (or as a consequence of): b. c. d.			
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.			37. Was an Autopsy Performed? Yes
			38. Were Autopsy Findings Available to Complete Cause of Death? Yes
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)	42. Injury at work?
43a. Location of Injury (Number and Street, Zip Code)	43b. Municipality	43c. County	43d. State
44. Describe How Injury Occurred			45. If Transportation Injury:
46. Manner of Death Pending investigation	47. Did Decedent Have Diabetes? Unknown	48. Did Tobacco Use Contribute to Death? Unknown	49. If Female, Pregnancy State Unknown
50. Certifier Type Medical Examiner		51. Name, Address, and Zip Code of Certifier Lauren P Thoma 325 Norfolk St., Newark, NJ 07103	
52. Electronic Signature of Certifier Lauren P Thoma		53. License Number 25MA09118800	54. Date Certified (Mo/Day/Yr) 03/21/2013
55. Electronic Signature of Local Registrar Lennier Annina		56. District No. V2080	57. Date Received 03/28/2013
		Case ID Number 1583667	

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

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Record Contains Amendment

DATE ISSUED: May 03, 2013

ISSUED BY:  
Newark City Hall, Room 111  
LaGuanda Frazier, Local Registrar

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

*Vincent T. Arrisi*  
Vincent T. Arrisi  
State Registrar  
Office of Vital Statistics and Registry

