

**CERTIFICATE OF VITAL RECORD**

VERIFY PRESENCE OF WATERMARK      HOLD TO LIGHT TO VIEW

**The Commonwealth of Massachusetts R 831702**  
 DEPARTMENT OF PUBLIC HEALTH  
 REGISTRY OF VITAL RECORDS AND STATISTICS



52



Commonwealth of Massachusetts  
 Registry of Vital Records and Statistics  
**CERTIFICATE OF DEATH**

State File # 2021 022824  
 Registered # 428



07012019

<b>DECEDENT</b>	Place of Death	[REDACTED]		
	Date of Death	MAY 05, 2021	Age 78 YRS	Sex MALE
	Current Name	JUNG, GEORGE JACOB		
	Surname at Birth or Adoption	JUNG	SSN	[REDACTED]
	AKA	—		
	Date of Birth	AUGUST 06, 1942	Birthplace	WEYMOUTH, MASSACHUSETTS
	Residence	[REDACTED]		
	Race	WHITE	Education	SOME COLLEGE CREDIT, BUT NO DEGREE
	Marital Status	MARRIED	Occupation/Industry	STORY TELLER/TEACHER/EDUCATION
	Last Spouse – Last, First, Middle (Surname at Birth or Adoption)	JUNG, RONDA (CLAY)	Decedent: U.S. Veteran (Most Recent)	NO
Parent Name – Last, First, Middle (Surname at Birth or Adoption)	JUNG, ERMINE (O'NEIL)	Birthplace	MASSACHUSETTS	
Parent Name – Last, First, Middle (Surname at Birth or Adoption)	JUNG JR, FREDERICK (JUNG)	Birthplace	MASSACHUSETTS	
<b>MEDICAL CERTIFIER</b>	Part I. Cause of Death – Sequentially list immediate cause then antecedent causes then underlying cause <span style="float: right;">Interval between onset and death</span>			
	a. Immediate Cause (Final condition resulting in death)	HEPATORENAL FAILURE		— WKS.
	b. Due to or as a consequence of:	ALCOHOLIC CIRRHOSIS		— YRS.
	c. Due to or as a consequence of:	—		—
	d. Due to or as a consequence of:	—		—
	Part II. Other significant conditions contributing to death but not resulting in underlying cause		Manner of Death:	NATURAL
	—		Time of Death:	12:05 PM
	—		Result of Injury:	NO
	Certifier	JOANNE NOWAK, MD	Lic #	54126
	Addr	[REDACTED]		
<b>DISPOSITION</b>	Funeral Licensee/ Designee	VICTORBUONFIGLIO	Lic #	50397
	Facility/Addr	BOSTON CREMATION, MALDEN, MASSACHUSETTS		
	Immediate Disposition	CREMATION		
	Date of Immediate Disposition	MAY 07, 2021		
	Place/Address	SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131		
	Date of Record	MAY 11, 2021		
Date of Amendment	—			

DATE ISSUED: JUNE 23, 2021



*Karin A. Barrett*  
**Karin A. Barrett**  
 Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.  
 IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

**VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED**

ILLEGAL TO ALTER OR REPRODUCE

VOID IF ALTERED OR ERASED