

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

City of Melrose

Office of the City Clerk

Commonwealth of Massachusetts

Registry of Vital Records and Statistics

CERTIFICATE OF DEATH



52



07012019

MEDICAL EXAMINER

State File # 2020 063233

Registered # 475

OCME CASE # 2020-16688

DECEDENT	Place of Death	MELROSE-WAKEFIELD HOSPITAL, MELROSE, MA		
	Date of Death	DECEMBER 03, 2020	Age	33 YRS
			Sex	FEMALE
	Current Name	COLLINGS, WHITNEY L		
	Surname at Birth or Adoption	COLLINGS	SSN	[REDACTED]
	AKA	---		
	Date of Birth	MAY 31, 1987	Birthplace	BOSTON, MASSACHUSETTS
	Residence	[REDACTED]		
	Race	WHITE	Education	BACHELOR'S DEGREE
	Marital Status	NEVER MARRIED	Occupation/Industry	SALES/CANNABIDIOL
MEDICAL CERTIFIER	Last Spouse - Last, First, Middle (Surname at Birth or Adoption)		Decedent: U.S. Veteran (Most Recent)	
	---		NO	
	Parent Name - Last, First, Middle (Surname at Birth or Adoption)		Birthplace	
	COLLINGS, LINDA (HOUGHTON)		MASSACHUSETTS	
	Parent Name - Last, First, Middle (Surname at Birth or Adoption)		Birthplace	
	COLLINGS, THOMAS (COLLINGS)		MASSACHUSETTS	
	Part I. Cause of Death - Sequentially list in mediate cause then an antecedent causes then underlying cause			
	Interval between onset and death			
	a. Immediate Cause (Final condition resulting in death)		---	
	ACUTE INTOXICATION BY THE COMBINED EFFECTS OF		---	
b. Due to or as a consequence of:		UNKNOWN ---		
FENTANYL, COCAINE, ALCOHOL AND CLONAZEPAM		---		
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:	
---			ACCIDENT	
			Time of Death: 99:99	
			Result of Injury: YES	
Certifier CHRISTINA STANLEY, MD		Lic # 269040		
Addr. [REDACTED]				
Funeral Licensee/Designee RALPH A BARILE		Lic # 5492		
Facility/Addr. BARILE FAMILY FUNERAL HOME, STONEHAM, MASSACHUSETTS				
DISPOSITION	Immediate Disposition	BURIAL		
	Date of Immediate Disposition	DECEMBER 10, 2020		
	Place/Address	[REDACTED]		
		[REDACTED]		
Date of Record	DECEMBER 09, 2020			
Date of Amendment	MARCH 05, 2021 ---			

DATE ISSUED: JULY 08, 2021

I, the undersigned, hereby certify that I am the Clerk of the City of Melrose; 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, as held in the Commonwealth's central vital records information repository.

CLERK, CITY OF MELROSE

Clerk
City of Melrose

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