VS-4 REV. 1/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Elmore Rural (Rip) Torn
2. SEX: ☒ Male ☐ Female
3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month): July 09 2019
4. ACTUAL OR PRESUMED TIME OF DEATH: 7:02 ☐ AM ☒ PM
5. AGE LAST BIRTHDAY: 88
6. UNDER 1 YEAR: Mo. / Days — UNDER 1 DAY: Hours / Min.
7. DATE OF BIRTH (MM/DD/YYYY): February 06, 1931
8. BIRTHPLACE (City, State or Foreign Country): Temple, Texas
9. RESIDENCE (State): Connecticut
10. RESIDENCE (County): Litchfield
11. RESIDENCE (City or Town): Lakeville
12. RESIDENCE (Street and No.): 25 Farnam Road
13. APT. NO: -
14. ZIP CODE: [redacted]
15. EVER IN US ARMED FORCES? ☒ Yes ☐ No
16. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
17. SURVIVING SPOUSE'S NAME (Give full name prior to first marriage): Amy E. Wright
18. FATHER'S NAME (First, Middle, Last): Elmore Rural Torn
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Thelma Mary Spacek
20. INFORMANT'S NAME: Amy Wright
21. INFORMANT'S RELATIONSHIP TO DECEDENT: Wife
22. MAILING ADDRESS (Street and Number, City, State, Zip Code): CT. 06039 [redacted]
23. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/outpatient ☐ Dead on Arrival
24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (specify)
25. FACILITY NAME (If not institution, give street & number): 25 Farnam Road
26. CITY OR TOWN OF DEATH: Lakeville / Salisbury — ZIP CODE: [redacted]
27. COUNTY OF DEATH: Litchfield
28. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (specify)
29. DISPOSITION (Name of cemetery, crematory, other place): Poughkeepsie Rural
30. LOCATION (city/town, state): Poughkeepsie, New York
31. DATE (MM/DD/YYYY): 07-12-2019
32. WAS BODY EMBALMED? ☐ Yes* ☒ No. *If yes, Name of Embalmer
33. FUNERAL FACILITY - Name and Address (street, town, state, zip): Henry F. H. Inc. 41 Main St., Sharon, CT. 06069
34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER: Brian F. Kenny
35. LICENSE NUMBER OF SIGNEE IN BOX 34: [redacted]
36. DATE PRONOUNCED DEAD (MM/DD/YYYY): 7-9-19
37. TIME PRONOUNCED: 702pm
38. PRONOUNCER'S NAME AND DEGREE OR TITLE (Print): Tanya Brown RN
39. PRONOUNCER'S SIGNATURE: Tanya Brn
40. DATE SIGNED: 7-9-19
41. WAS MEDICAL EXAMINER CONTACTED? ☒ Yes ☐ No
42. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

CAUSE OF DEATH

44. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		APPROXIMATE INTERVAL ONSET TO DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) Alzheimer's Dementia	4 years
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) LAST	Due to (or as a consequence of): (b)	
	Due to (or as a consequence of): (c)	
	Due to (or as a consequence of): (d)	

45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

46. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

47. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown

48. CERTIFIER (Check only one box): ☒ Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. ☐ Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.

Certifier Name (Type or Print)	Certifier Signature	Title of Certifier	Date Certified
Michael J. Kelly MD	MD	MD	July 10, 2019

49. MAILING ADDRESS (Street or R.F.D., City or Town, State, Zip Code): [redacted] Salisbury CT [redacted]

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: July 11, 2019

BY REGISTRAR: Rachel B. Lamb, Asst. Registrar

$20.00
I CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD.
ATTEST: Rachel B. Lamb ASST. REGISTRAR OF VITAL STATISTICS
TOWN OF SALISBURY, CONNECTICUT