

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NO. 2021001209

DECEDENT TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	DECEDENT'S LEGAL NAME					
	1a. FIRST Bernard		1b. MIDDLE Lawrence		1c. LAST Madoff	1d. SUFFIX *****
1e. LAST NAME PRIOR TO FIRST MARRIAGE *****		2. SEX Male		3a. AGE-LAST BIRTHDAY (Yrs) 82		
3b. UNDER 1 YEAR Months Days		3c. UNDER 1 DAY Hours Minutes		4. DATE OF BIRTH APR 29, 1938		
5. BIRTHPLACE (County/State or Foreign Country) New York, NY			6. DATE OF DEATH April 14, 2021			
7a. PLACE OF DEATH Inpatient			7b. FACILITY NAME (If not institution, give street, number, city or town) Federal Medical Center (Butner)			
7c. COUNTY OF DEATH Durham		8. MARITAL STATUS Married		9. SURVIVING SPOUSE (Give name prior to first marriage) Ruth Alpern		
10a. DECEDENT'S USUAL OCCUPATION Broker		10b. KIND OF BUSINESS/INDUSTRY Real Estate		11. DECEDENT'S SOCIAL SECURITY NUMBER [REDACTED]		
12a. RESIDENCE-STATE OR FOREIGN COUNTRY New York			12b. RESIDENCE-COUNTY Westchester		12c. RESIDENCE-CITY OR TOWN Rye Brook	
13a. RESIDENCE-PROFESSION NUMBER [REDACTED]		13b. INSIDE CITY LIMITS Yes	13c. ZIP CODE 10573	13. WAS DECEDENT EVER IN U.S. ARMED FORCES? No		
14. DECEDENT'S EDUCATION Bachelor's degree		15. DECEDENT OF HISPANIC ORIGIN? Not Spanish/Hispanic/Latino		16. DECEDENT'S RACE White		
17. FATHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Ralph Madoff			18. MOTHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Sylvia Muntner			
19a. INFORMANT'S NAME Peter Goldman		19b. RELATIONSHIP TO DECEDENT Attorney		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) [REDACTED]		
20a. METHOD OF DISPOSITION Cremation		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Quality Cremation		20c. LOCATION (City or town and State) Durham, North Carolina		
21a. SIGNATURE OF FUNERAL DIRECTOR Harry Royster (Signature Authenticated)			21b. LICENSE NO. [REDACTED]	21c. NAME OF EMBALMER	21d. LICENSE NO.	
22. NAME AND ADDRESS OF FUNERAL HOME [REDACTED]						
23. 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 on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hypertension, Atherosclerotic cardiovascular disease					Approximate interval: Onset to death for IMMEDIATE CAUSE 12 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 b. Chronic kidney disease, Aortic stenosis					8 Years	
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 the underlying cause given in PART I.				24a. WAS AN AUTOPSY PERFORMED? No	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
25. MANNER OF DEATH Natural		26. WAS CASE REFERRED TO MEDICAL EXAMINER? Yes	27. TIME OF DEATH (Approximate) 0329	28. DID TOBACCO USE CONTRIBUTE TO DEATH? No	29. PREGNANCY STATUS, IF APPLIES: Not Applicable	
30. DATE PRONOUNCED 04/14/2021		31a. DATE OF INJURY	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. PLACE OF INJURY	
31e. IF TRANSPORTATION INJURY SPECIFY:					31f. LOCATION OF INJURY (Street/Number/City/State)	
31g. DESCRIBE HOW INJURY OCCURRED						
32. CERTIFIER I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
33a. SIGNATURE AND TITLE OF CERTIFIER Michael Anderson, ME (Signature Authenticated)			33b. LICENSE NO. *****		33c. DATE SIGNED 04/19/2021	
34. NAME AND ADDRESS OF CERTIFIER [REDACTED]					34. CASE ID NUMBER [REDACTED]	
35. SIGNATURE OF LOCAL REGISTRAR Rosalyn McClain (Signature Authenticated)			36. LOCAL FILE DATE 04/22/2021		37. DATE REGISTERED BY STATE 04/27/2021	
ITEM(S) AND DATE(S) CORRECTED/AMENDED						