

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

CATHERINE M. DELARA

Appellant

v.

ROBERT L. WILKIE,
Secretary of Veterans Affairs,
Appellee

No. 19-4755

**Appellant's Response to the Court's March 25, 2020
Order to Show Cause**

On January 27, 2020, undersigned counsel informed the Court that Ms. Catherine DeLara ("appellant") had died on January 25, 2020. Undersigned respectfully submits this response to the Court's March 25, 2020, order to show cause why this matter should not be dismissed based on appellant's death. Attached to this order is a copy of appellant's death certificate received from her daughter, Ms. Lindalee Hinkle. Personal identifying information has been redacted pursuant to the Rules of Practice and Procedure of the Court.

Based on undersigned's conversation with Ms. Hinkle, the appellant was not survived by any spouse, parent, or dependant child. Ms. Hinkle did not indicate that she seeks reimbursement for the expense of the burial of her late mother. **See 38 U.S.C. § 5121(a)(6); 38 C.F.R. § 3.1000(a)(5).**

Respectfully submitted

/s/ Camila Ramirez

CAMILA RAMIREZ

NON-ATTORNEY PRACTITIONER

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/s/ Sean A. Ravin

SEAN A. RAVIN, ESQ.

ATTORNEY OF RECORD

1550 Madruga Ave., Suite 414

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April 8, 2020

STATE OF NEW JERSEY

NEW JERSEY DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

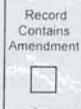
80009791120

STATE FILE NUMBER

20200008003



1a. Legal Name of Decedent (First, Middle, Last, Suffix) Catherine Mary DeLara				LIMB ONLY <input type="checkbox"/>
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)				
2. Sex Female	3. Social Security Number [REDACTED]	4a. Age 72 Years	5. Date of Birth (Mo/Day/Yr) 07/08/1947	
6. Birthplace (City & State/Foreign Country) Camden, New Jersey				
7a. Residence-State New Jersey	7b. County Camden	7c. Municipality/City Collingswood Borough		
7d. Street and Number 545 Newton Lake Drive, Building C	7e. Apt No 1019	7f. Zip Code 08107	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 Widowed		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last) Joseph Nicholls				
12. Mother's Name Prior to First Marriage (First, Middle, Last) Rita Gormley				
13a. Name of Informant Lindalee Hinkle			13b. Relationship to Decedent Daughter	
13c. Mailing Address (Street and Number, City, State, Zip Code) 545 Newton Lake Drive, Building C Apt. 1019, Collingswood, NJ 08107				
14. Method of Disposition Cremation	15. Place of Disposition (name of cemetery, crematory, other) Camden County Crematory		16. Location- City & State/Foreign Country Waterford Township, New Jersey	
17. Name and Complete Address of Funeral Facility Eichel Funeral Home, Inc., 8323 Maple Avenue, Pennsauken, NJ 08109				
18. Electronic Signature of Funeral Director Amanda L. Flenard			19. NJ License Number 23JP00508800	
20. Decedent Education 8th grade or less		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino	22. Decedent Race White	
23. Occupation of Decedent (Type of work done most of life, even if retired) Homemaker		24. Kind of Business/Industry Own Home		
25. Name and Address of Last Employer				
26. Date Pronounced Dead (Mo/Day/Yr)		28. Name of Person Pronouncing Death		
27. Time Pronounced Dead (24-hr)	29. License Number		30. Date Signed (Mo/Day/Yr)	
31. Date of Death (Mo/Day/Yr) 01/25/2020	32. Time of Death (24-hr) Approx-0630	33. Was Medical Examiner Contacted? No	34. Place of Death Decedent's Home	
35a. Facility Name (If not institution, give street and number) 700 West Browning Road				
35b. Municipality Collingswood Borough		35c. County Camden		
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. Cerebrovascular Disease			Interval Between Onset and Death 6 months	
Due to (or as a consequence of): b. Congestive Heart Failure			18 months	
Due to (or as a consequence of): c. Atrial Fibrillation			26 months	
Due to (or as a consequence of): d. Chronic Obstructive Pulmonary Disease			6 years	
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. Diabetes Mellitus			37. Was an Autopsy Performed? No	
			38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
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 Natural	47. Did Decedent Have Diabetes? Yes	48. Did Tobacco Use Contribute to Death? Probably	49. If Female, Pregnancy State Not pregnant within the past year	
50. Certifier Type Certifying Physician or APN Lance William Neveling		51. Name, Address, and Zip Code of Certifier Lance William Neveling Collingswood Family Practice 600 Atlantic Ave, Collingswood, NJ 08109-3042		
52. Electronic Signature of Certifier Lance William Neveling		53. License Number 25MB06968500	54. Date Certified (Mo/Day/Yr) 02/09/2020	
55. Electronic Signature of Local Registrar Andrea Lanutti		56. District No. V0471	57. Date Received 02/10/2020	Case ID Number 2152565



DATE ISSUED: **February 10, 2020**

ISSUED BY:

Waterford Township

Andrea Lanutti, Deputy 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



REG-42B
JUN 14



THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

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

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