H105.805 REV (2/21)

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: $20.00

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 28236775
Certification Number

Local Registrar

DEC 16 2021
Date Issued

Type/Print in Permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 441525-2021

1. Decedent's Legal Name (First, Middle, Last, Suffix): Timothy John Davis
2. Sex: Male
3. Social Security Number: [redacted]
4. Date of Death (Month dd, yyyy): November 20, 2021
5a. Age-Last Birthday (Yrs): 73
5c. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Mo/Day/Year) (Spell Month): April 01, 1948
7a. Birthplace (City and State or Foreign Country): Pittsburgh, Pennsylvania
7b. Birthplace (County): Allegheny
8a. Residence (State or Foreign Country): Pennsylvania
8b. Residence (Street and Number - Include Apt No.): 1525 Park Manor Boulevard 294
8c. Did Decedent Live in a Township? ☐ Yes, decedent lived in _____ twp. ☒ No, decedent lived within limits of Pittsburgh city/boro.
8d. Residence (County): Allegheny
8e. Residence (Zip Code): 15205
9. Ever in US Armed Forces? ☒ Yes ☐ No ☐ Unknown
10. Marital Status at Time of Death: ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
11. Surviving Spouse's Name (If wife, give name prior to first marriage)
12. Father / Parent's Name (First, Middle, Last, Suffix): Robert M. Davis
13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix): Mary Young
14a. Informant's Name: Lynn Giannirakis
14b. Relationship to Decedent: POA
14c. Informant's Mailing Address (Street and Number, City, State, Zip Code): 1525 Park Manor Boulevard Pittsburgh, PA 15205

15a. Place of Death (Check only one)
If Death Occurred In a Hospital: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
If Death Occurred Somewhere Other Than a Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)
15b. Facility Name (If not Institution, give street and number): H John Heinz III Department of Veterans Affairs Medical
15c. City or Town, State, and Zip Code: Pittsburgh, Pennsylvania 15240
15d. County of Death: Allegheny
16a. Method of Disposition: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
16b. Date of Disposition: November 22, 2021
16c. Place of Disposition (Name of cemetery, crematory, or other place): Pittsburgh Cremation Services
16d. Location of Disposition (City or Town, State, and Zip): Ross Township, Pennsylvania 15237
17a. Signature of Funeral Service Licensee or Person in Charge of Interment: Brenda M Trale (Electronically Signed)
17b. License Number: FD139516
17c. Name and Complete Address of Funeral Facility: Edward P Kanal Funeral Home 500 Greenfield Avenue Pittsburgh, Pennsylvania 15207

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less
☐ No diploma, 9th - 12th grade
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify) _____

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.
☒ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Other (Specify) _____
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.
☒ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Don't Know/Not Sure
☐ Refused
☐ Other (Specify) _____

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED.: U.S. Postal Service
22b. Kind of Business/Industry: Government

ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
23a. Date Pronounced Dead (Mo/Day/Yr): November 20, 2021
23b. Signature of Person Pronouncing Death (Only when applicable): Mickey Merringer MD
23c. License Number: MD063241L
23d. Date Signed (Mo/Day/Yr): November 20, 2021
24. Time of Death: 19:45
25. Was Medical Examiner or Coroner Contacted? ☐ Yes ☒ No

CAUSE OF DEATH

26. 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. End Stage COPD	15 Years
	Due to (or as a consequence of):	
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. Congestive Heart failure	10 Years
	Due to (or as a consequence of):	
	c. Diabetes Mellitus	20 Years
	Due to (or as a consequence of):	
	d.	
	Due to (or as a consequence of):	

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I
27. Was an autopsy performed? ☐ Yes ☒ No
28. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No

29. 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
30. Did Tobacco Use Contribute to Death? ☐ Yes ☐ No ☒ Probably ☐ Unknown
31. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
32. Date of Injury (Mo/Day/Yr) (Spell Month)
33. Time of Injury
34. Place of Injury (e.g., home; construction site; farm; school)
35. Location of Injury (Street and Number, City, State, Zip Code)
36. Injury at Work: ☐ Yes ☐ No
37. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
38. Describe How Injury Occurred:

39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one):
☐ Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☒ Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of certifier: Mickey Merringer (Signature on File)
Title of certifier: MD
License Number: MD063241L
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26): Mickey Merringer 1010 Delafield Road Pittsburgh, Pennsylvania 15215
39c. Date Signed (Mo/Day/Yr): November 20, 2021
40. Registrar's District Number: 02-032
41. Registrar's Signature: Lisa J Milisky (Signature on File)
42. Registrar File Date (Mo/Day/Yr): November 23, 2021
43. Amendments

ALIAS USED
To Be Completed/Verified by FUNERAL DIRECTOR
To Be Completed by MEDICAL CERTIFIER
NAME OF DECEDENT: Timothy John Davis