Angus S. King, Jr. Governor



1097

COPY Kevin W. Concannon, Jr. Commissioner

STATE OF MAINE DEPARTMENT OF HUMAN SERVICES

AUGUSTA, MAINE 04333-0011

SUPPLEMENTAL CERTIFICATE OF DEATH Date: April 12, 2001

	TO:	Vital	Stati	stics							
	EROM:	Margar	et S.	Greenwa	ld, M.D	., Chie	<u>f Medica</u>	<u>l Exami</u>	ner		
	DECEDE	NT: Kas	sidy	Bortner,	2000-1	<u>36</u> 2. D ate	of Death:	11/9/2	000, Yor	k. ME	
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irn this for	m in the	e enclos ISTA, MA	sed se AINE 0	4333.	sed enve	siope to	. <u></u>			R, #37 STAT	<u>re</u>
		CA	US	E OF I	DEAT	'H Sl	JPPLE	EWE	 		
MED? S NO S RE AUTOPSY GS AVAILABLE TO COMPLETION	Matural Accident Suicide Heimicide Pending	OF DEATH		44. DATE OF INJU (Mo. Cay. Yo Unknown 46. TIME OF INJU Unknown	ASS URY 47. PLAC UNK AM 48. LOC	RIBE HOW IN AULTED	by anoth	ner street, factory, o	office building, etc		
ES WO	Ceter	injuries, or o	complicatio			IOWIL not enter the m	ioda of dying, su	ch as cardiac o	or respiratory arre	st, shock, or heart	Approxim: Interval Between C and Daa
failure. List only of IMMEDIATE CAUSE (disease or condition resulting in death). Sequentially list conditionly, leading to immidiate. Enter UNDER CAUSE (Disease or it which initiated event	Final 3 Littons 5 LYING 5 Injury 55	Malt	iple ORASACO	Blunt For pasequence of: onsequence of:	rce Inju	ries					
SOURCE: Police Rep	oort							1 - 49			
	death cert h which approperly claurn this for ISE STATIO IS AN AUTOPSY MED? IS NO IS AVAILABLE TO COMPLETION USE OF DEATH? ES NO IMMEDIATE CAUSE of disease of young in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other SOURCE: Police Rep	DECEDE death certificate of howhich appears to properly classify the properly classify	DECEDENT: Kas Decedent: Kas death certificate of the althory which appears below. Droperly classify this deat Droperly classify	FROM: Margaret S. DECEDENT: Kassidy death certificate of the above of the which appears below. Droperly classify this death for some of the enclosed set of the enc	death certificate of the above named de h which appears below. Properly classify this death for statistical part this form in the enclosed self address as ESTATION, AUGUSTA, MAINE 04333. CAUSE OF SAN AUTOPSY MED? NATION NATIO	DECEDENT: Kassidy Bortner, 2000–19 death certificate of the above named decedent of hydrogen and decedent of hydrogen an	DECEDENT: Kassidy Bortner, 2000–1862.Date death certificate of the above named decedent contains h which appears below. properly classify this death for statistical purposes, pleas arm this form in the enclosed self addressed envelope to its STATION, AUGUSTA, MAINE 04333. CAUSE OF DEATH SL S AN AUTOPSY 12 MANNER OF DEATH 43	DECEDENT: Kassidy Bortner, 2000–1862 Date of Death: death certificate of the above named decedent contains the med hybrid appears below. Droperly classify this death for statistical purposes, please furnish urn this form in the enclosed self addressed envelope to: CHIEF M ISE STATION, AUGUSTA, MAINE 04333. CAUSE OF DEATH SUPPLE S. AN AUTOPSY 12, MANNER OF DEATH 43, MAINE 04333. CAUSE OF DEATH SUPPLE S. AN AUTOPSY 12, MANNER OF DEATH 43, MAINE 04333. CAUSE OF DEATH SUPPLE S. AN AUTOPSY 12, MANNER OF DEATH 43, MAINE 06 INJURY 45, DESCRIBE HOW INJURY OCCURRED IN MAINE OF INJURY 46, DATE OF INJURY 47, PLACE OF INJURY - 21 from 6 family the completion of the completion of sach line. S. S. AN AUTOPSY 12, MANNER OF DEATH 43, MAINE OF INJURY 45, DESCRIBE HOW INJURY OCCURRED IN MAINE OF INJURY 47, PLACE OF INJURY - 21 from 6 family Chick Office of the completion of sach Injury 48, DATE OF INJURY 47, PLACE OF INJURY - 21 from 6 family Chick Office of the completion of sach Injury 48, DATE OF INJURY 47, PLACE OF INJURY - 21 from 6 family Chick Office of the completion of sach Injury 48, DATE OF INJURY 47, PLACE OF INJURY - 21 from 6 family Chick Office of the completion of sach Injury 48, DATE OF INJURY 47, PLACE OF INJURY - 21 from 6 family Chick Office of the completion of sach Injury 48, DATE OF INJURY - 21 from 6 family Chick Office of the completion of sach Injury 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family Office of Injury 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 family 48, DATE OF INJURY - 21 from 6 fa	DECEDENT: Kassidy Bortner, 2000-1862-Date of Death: 11/9/3 death certificate of the above named decedent contains the medical cert h which appears below. properly classify this death for statistical purposes, please furnish us with arm this form in the enclosed self addressed envelope to: CHIEF MEDICAL ISE STATION, AUGUSTA, MAINE 04333. CAUSE OF DEATH SUPPLEMEN SAN AUTOPSY 42.MANNER OF DEATH 13.UNRY AT MATCH AND AUTOPSY AND AUTOPS	DECEDENT: Kassidy Bortner, 2000-1862-Date of Death: 11/9/2000, Yor death certificate of the above named decedent contains the medical certification of high which appears below. Properly classify this death for statistical purposes, please furnish us with the informant this form in the enclosed self addressed envelope to: CHIEF MEDICAL EXAMINER OF DEATH SUPPLEMENT SAN AUTOPSY S	DECEDENT: Kassidy Bortner, 2000–1862:Date of Death: 11/9/2000, York, ME death certificate of the above named decedent contains the medical certification of the cause hybrid which appears below. by the death for statistical purposes, please furnish us with the information requirement in the enclosed self addressed envelope to: CHIEF MEDICAL EXAMINER, #37 STATISES STATION, AUGUSTA, MAINE 04333. CAUSE OF DEATH SUPPLEMENT SAN AUTOPSY 12 MANNER OF DEATH MAINE M

OFFICE OF DATA, RESEARCH, AND VITAL STATISTICS #11State House Station, Augusta, Maine 04333-0011 Telephone, (207) 624-5445 Vital Records (207) 287-3181

PHYSICIAN'S SIGNATURE: