



52



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
CERTIFICATE OF DEATH

State File # 2016 032219

Registered # 64

MEDICAL EXAMINER

OCME CASE # 2016-9276

| | | | | |
|---|---|---|--------------------------------------|---|
| DECEDENT | Place of Death | KIMBALL FARMS NURSING CARE CENTER, LENOX, MA | | |
| | Date of Death | JULY 23, 2016 | Age | 78 YRS |
| | | | Sex | MALE |
| | Current Name | ULICK, MICHAEL CHARLES | | |
| | Surname at Birth or Adoption | ULICK | SSN | 101-30-2285 |
| | AKA | --- | | |
| | Date of Birth | JULY 01, 1938 | Birthplace | WOODMERE, NEW YORK |
| | Residence | 17 BIRCHWOOD LANE, LENOX, MASSACHUSETTS 01240 | | |
| | Race | CAUCASIAN | Education | BACHELOR'S DEGREE |
| | Marital Status | MARRIED | Occupation/Industry | COMMERCIAL TELEVISION DIRECTOR/OWN BUSINESS |
| MEDICAL CERTIFIER | Last Spouse - Last, First, Middle (Surname at Birth or Adoption) | | Decedent: U.S. Veteran (Most Recent) | |
| | ULICK, DENISE, L (FLAMINO) | | PEACETIME | |
| | Mother/Parent Name - Last, First, Middle (Surname at Birth or Adoption) | | Birthplace | |
| | ACKERMAN, ROSE (ACKERMAN) | | NEW YORK | |
| | Father/Parent Name - Last, First, Middle (Surname at Birth or Adoption) | | Birthplace | |
| | ACKERMAN, EDWARD (ACKERMAN) | | RUSSIA | |
| | Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause | | | |
| | a. Immediate Cause (Final condition resulting in death) | | Interval between onset and death | |
| | SUBARACHNOID HEMMORHAGE | | -- WKS. | |
| | b. Due to or as a consequence of: | | -- WKS. | |
| FALL | | --- | | |
| 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 underlying cause | | Manner of Death: | | |
| ALZHEIMER'S | | ACCIDENT | | |
| | | Time of Death: 01:30 AM | | |
| | | Result of Injury: YES | | |
| Certifier BENJAMIN GLICK, MD | | Lic # 34627 | | |
| Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 | | | | |
| DISPOSITION | Funeral Licensee/Designee | EDWARD J. ROCHE, JR | Lic # 6007 | |
| | Facility/Addr. | ROCHE FUNERAL HOME, INC., LENOX, MASSACHUSETTS | | |
| | Immediate Disposition | CREMATION | | |
| | Date of Immediate Disposition | JULY 26, 2016 | | |
| | Place/Address | PITTSFIELD CEMETERY AND CREMATORY ASSOCIATION, 203 WAHCONAH STREET, PITTSFIELD, | | |
| | Date of Record | JULY 27, 2016 | | |
| Date of Amendment | --- | | | |

Kerry L. Sullivan

CLERK, TOWN OF LENOX

DATE ISSUED: JULY 27, 2016

I, the undersigned, hereby certify that I am the Clerk of the Town of Lenox; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records, as held in the Commonwealth's central vital records information repository.

Kerry L. Sullivan

Clerk
Town of Lenox

R-301 p. 2 of 2

ULICK

SFN: 2016 032219

LENOX 64

LENOX

STATE VOL/PG: /

| | | | |
|--|---|---|---|
| <i>If U.S. war veteran, specify war/conflict(s)</i> | | | |
| PEACETIME | | | |
| <i>Branch of military (most recent)</i> | | <i>Rank/organization/outfit (most recent)</i> | |
| ARMY | | SP4 | |
| <i>Date entered (most recent)</i> | <i>Date Discharged (most recent)</i> | <i>Service Number (most recent)</i> | |
| --- | JULY 31, 1967 | ER 12 634 117 | |
| <i>Place of Death Type</i> | | <i>Date of Pronouncement</i> | <i>Time of Pronouncement</i> |
| NURSING HOME | | JULY 23, 2016 | 01:30 AM |
| <i>RN/NP/PA Pronouncement?</i> | <i>Name of RN/NP/PA Pronouncing Death</i> | | <i>Lic #</i> |
| YES | CAROL A LESCARBEAU, R.N. | | 197626 |
| <i>RN/NP/PA Employing Agency or Institution</i> | | <i>Name of Physician or Medical Examiner notified</i> | |
| KIMBALL FARMS NURSING CARE FACILITY | | THOMAS A. CONSOLATI, MD | |
| <i>Was M.E. Notified?</i> | <i>Provider in charge of patient's care, if not certifier</i> | | |
| YES | DANIEL M. COHEN, MD | | |
| <i>Autopsy Performed?</i> | <i>Findings available for Cause?</i> | <i>Tobacco contribute to death?</i> | <i>Pregnancy Status, if female</i> |
| NO | --- | UNKNOWN | --- |
| <i>Date of Injury</i> | <i>Time of Injury</i> | <i>Injury at Work?</i> | <i>If Transportation Injury, specify:</i> |
| JULY 15, 2016 | UNKNOWN | NO | --- |
| <i>Place of Injury</i> | | <i>Location/Address of Injury:</i> | |
| KIMBALL FARMS | | 235 WALKER STREET, LENOX, MASSACHUSETTS 01240 | |
| <i>Describe How Injury Occurred</i> | | | |
| FALL IN SHOWER | | | |
| <i>Expanded Race: WHITE</i> | | | |
| <i>Ethnicity: AMERICAN</i> | | | |
| <i>Informant Name</i> | | <i>Relationship</i> | |
| DENISE L ULICK | | WIFE | |
| <i>Addr. 17 BIRCHWOOD LANE, LENOX, MASSACHUSETTS 01240</i> | | | |
| <i>Date Disposition Permit Issued:</i> | | <i>Board of Health Agent</i> | KERRY L SULLIVAN |
| JULY 27, 2016 | | <i>Local Permit No.</i> | 2016-49 |
| <i>State Tracking No.</i> | 032219 | | |