

CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION  
State of Delaware  
Department of Health and Social Services

AMENDED

STATE FILE NUMBER : 107-19-005635

DECEDENT'S INFORMATION:

NAME: \*ALICE CYNTHIA GRIST\*

AKA's: NOT LISTED

SEX: FEMALE

SOCIAL SECURITY NUMBER: 033-32-7111

ARMED FORCES: NO

DATE OF DEATH : AUG 09 2019

DATE OF BIRTH: SEP 16 1942

AGE: 76 YEARS

PLACE OF DEATH INFORMATION:

TYPE: NURSING HOME/LONG TERM CARE FACILITY

FACILITY NAME AND ADDRESS: FOULK MANOR NORTH NURSING HOME, 19803-2741

DISPOSITION INFORMATION:

METHOD: CREMATION

PLACE: HOCKESSIN CREMATORY COMPANY

LOCATION: HOCKESSIN, DELAWARE

DEMOGRAPHIC INFORMATION:

RESIDENCE: 15 Southampton Parish ROAD, LANDENBERG, CHESTER COUNTY, PENNSYLVANIA, 19350

PLACE OF BIRTH: MASSACHUSETTS

MARITAL STATUS: NEVER MARRIED

SURVIVING SPOUSE'S NAME: NOT LISTED

FATHER'S NAME: CECIL A GRIST

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LILLIAN LAIGHTON

INFORMANT'S INFORMATION:

INFORMANT'S NAME: ARTHUR KENNETH GRIST

RELATIONSHIP: brother

MAILING ADDRESS: 15 SOUTHAMPTON PARISH ROAD, LANDENBERG, PENNSYLVANIA, 19350

FUNERAL HOME: CHANDLER FUNERAL HOME - WILMINGTON, 2506 CONCORD PIKE, WILMINGTON, NEW CASTLE COUNTY, DELAWARE, 19803

FUNERAL DIRECTOR: JONATHAN P. FEDORA

LICENSE NUMBER: K1-0000662

CAUSE OF DEATH - PART I  
CORONARY ARTERY DISEASE  
FAILURE TO THRIVE ADULT

PART II

ME CONTACTED? NO

AUTOPSY PERFORMED? NO

AUTOPSY AVAILABLE?

ACTUAL OR PRESUMED TIME OF DEATH: 04:35

MANNER OF DEATH : NATURAL

INJURY INFORMATION:

DATE OF INJURY:

TIME OF INJURY:

INJURY AT WORK?

PLACE OF INJURY:

LOCATION OF INJURY:

HOW THE INJURY OCCURRED?

CERTIFIER NAME AND TITLE: KAREN MCGHEE, DO

LICENSE NUMBER: C2-0007018

CERTIFIER'S ADDRESS: 3 BARKER AVENUE 4TH FLOOR, WHITE PLAINS, WESTCHESTER COUNTY, NEW YORK, 10601

DATE FILED: AUG 12 2019

DATE OF ISSUANCE: AUG 15 2019

SPECIAL INSTRUCTIONS :

FATHER'S FIRST NAME AMENDED 08/14/2019, FATHER'S MIDDLE NAME AMENDED 08/14/2019

L1197843

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*K T Rattay R.D.*

State Registrar

