

**CERTIFICATE OF VITAL RECORD**

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

**The Commonwealth of Massachusetts**

CT 6048353



52



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

State File # 2023 052172  
Registered # 6971

07012019

<b>DECEDENT</b>	Place of Death	BETH ISRAEL DEACONESS MEDICAL CENTER-WEST CAMPUS, BOSTON, MA		
	Date of Death	NOVEMBER 04, 2023	Age	78 YRS
			Sex	FEMALE
	Current Name	HURZELER, PATRICIA A		
	Surname at Birth or Adoption	KANE	SSN	---1774
	AKA	---		
	Date of Birth	FEBRUARY 25, 1945	Birthplace	SPRINGFIELD, MASSACHUSETTS
	Residence	252 HIGH STREET, NEWBURYPORT, MASSACHUSETTS 01950		
	Race	WHITE	Education	MASTER'S DEGREE
	Marital Status	MARRIED	Occupation/Industry	PSYCHIATRIC NURSE PRACTITIONER/HEALTHCARE
<b>MEDICAL CERTIFIER</b>	Last Spouse - Last, First, Middle (Surname at Birth or Adoption)	HURZELER, PHILIP (HURZELER)		
	Decedent: U.S. Veteran (Most Recent)	NO		
	Parent Name - Last, First Middle (Surname at Birth or Adoption)	KANE, ALICE (WENNESTROM)		
	Birthplace	SWEDEN		
	Parent Name - Last, First Middle (Surname at Birth or Adoption)	KANE, JOHN (KANE)		
	Birthplace	MASSACHUSETTS		
	Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause	Interval between onset and death		
	a. Immediate Cause (Final condition resulting in death)	CEREBRAL EDEMA		
	b. Due to or as a consequence of:	ACUTE ISCHEMIC STROKE		
	c. Due to or as a consequence of:	ATRIAL FIBRILLATION		
d. Due to or as a consequence of:	---			
<b>DISPOSITION</b>	Part II. Other significant conditions contributing to death but not resulting in underlying cause	Manner of Death:		
	---	NATURAL		
		Time of Death:	08:30 PM	
		Result of Injury:	NO	
	Certifier	JULIE FYNKE, MD		Lic # 293115
	Addr.	1 DEACONESS ROAD, BOSTON, MASSACHUSETTS 02215		
	Funeral Licensee/Designee	JOSHUA J ROGERS		Lic # 50916
	Facility/Addr.	PAUL C. ROGERS & SONS INC., AMESBURY, MASSACHUSETTS		
	Immediate Disposition	CREMATION		
	Date of Immediate Disposition	NOVEMBER 14, 2023		
Place/Address	LINWOOD CREMATORY, 41 JOHN WARD AVENUE, HAVERHILL, MASSACHUSETTS 01830			
Date of Record	NOVEMBER 14, 2023			
Date of Amendment	---			

DATE ISSUED: NOVEMBER 17, 2023

I, the undersigned, hereby certify that I am the Clerk of the City of Newburyport; 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.

*Richard B. Jones*

Clerk  
City of Newburyport

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

ILLEGAL TO ALTER OR REPRODUCE

VOID IF ALTERED OR ERASED

R-301 p. 2 of 2

HURZELER

SFN: 2023 052172

BOSTON 6971

NEWBURYPORT 38

STATE VOL/PG: /

If U.S. war veteran, specify war/conflict(s) ---			
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---	
Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---	
Place of Death Type <b>HOSPITAL - INPATIENT</b>		Date of Pronouncement ---	Time of Pronouncement ---
RN/NP/PA Pronouncement? <b>NO</b>	Name of RN/NP/PA Pronouncing Death ---		Lic # ---
RN/NP/PA Employing Agency or Institution ---		Name of Physician or Medical Examiner notified ---	
Was M.E. Notified? <b>NO</b>	Provider in charge of patient's care, if not certifier <b>JENNIFER L DEARBORN-TOMAZOS, MD</b>		
Autopsy Performed? <b>NO</b>	Findings available for Cause? ---	Tobacco contribute to death? <b>UNKNOWN</b>	Pregnancy Status, if female ---
Date of Injury ---	Time of Injury ---	Injury at Work? ---	If Transportation Injury, specify: ---
Place of Injury ---		Location/Address of Injury: ---	
Describe How Injury Occurred ---			
Expanded Race: <b>WHITE</b>			
Ethnicity: <b>AMERICAN</b>			
Informant Name <b>PHILIP -- HURZELER</b>		Relationship <b>HUSBAND</b>	
Addr. <b>252 HIGH STREET, NEWBURYPORT, MASSACHUSETTS 01950</b>			
Date Disposition Permit Issued: <b>NOVEMBER 14, 2023</b>	Board of Health Agent	<b>PAUL SHOEMAKER</b>	
State Tracking No. <b>052172</b>	Local Permit No.	<b>B23052172</b>	

**WARNING:**

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND AND EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.