

# CERTIFICATE OF DEATH

DECEASED NAME

**JOYCE B. SAUTER**

DATE OF BIRTH

**November 9, 1943**

SEX

**FEMALE**

DATE OF DEATH

**October 29, 2005**

PLACE OF DEATH

**SAYREVILLE**

COUNTY OF DEATH

**MIDDLESEX**

RESIDENCE ADDRESS

[REDACTED]

SOCIAL SECURITY NUMBER

[REDACTED]

MUNICIPALITY OF RESIDENCE

**SOUTH AMBOY**

COUNTY OF RESIDENCE

**MIDDLESEX**

MARITAL STATUS

**MARRIED**

SURVIVING SPOUSE

[REDACTED]

MANNER OF DEATH: **NATURAL**

FILE NUMBER

CAUSE OF DEATH:

**05.53**

**BILATERAL NON-SMALL CELL CARCINOMA OF LUNGS WITH LYMPH NODE INVOLVEMENT AND METASTASES.**

DATE ISSUED **March 11, 2008**

DATE FILED WITH REGISTRAR: **November 1, 2005**

AMENDED DATE:

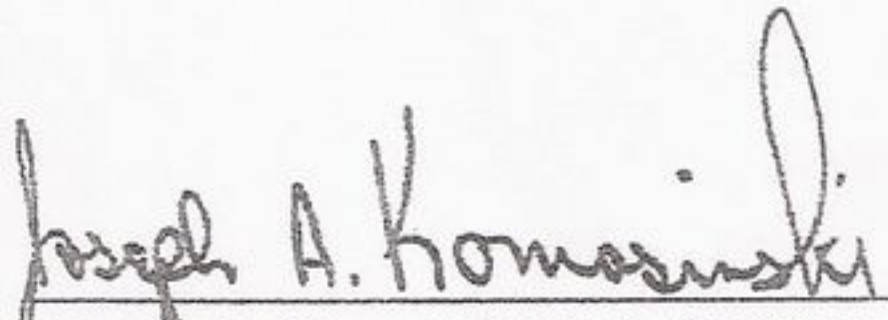
**N/A**

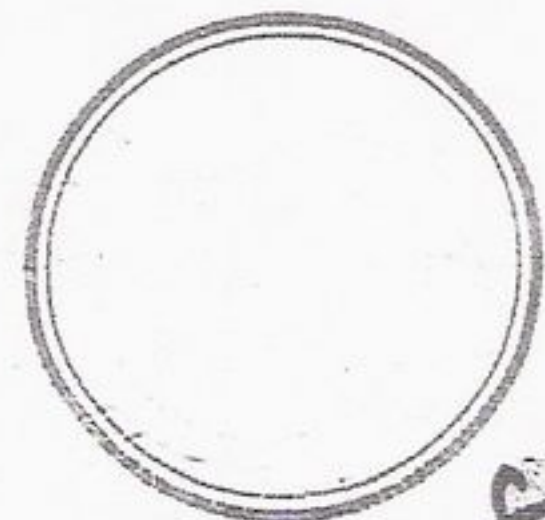
ISSUED BY:

**BOROUGH OF SAYREVILLE  
REGISTRAR OF VITAL STATISTICS  
LINDA MIICK, REGISTRAR**

This is to certify that the above is correctly copied from a record on file in my office.

*Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.*

  
Joseph A. Komosinski, State Registrar  
Bureau of Vital Statistics



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