The Commonwealth of Massachusetts

CT 4497425





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

State File #

2021 022092

Registered #

1111

| 52 | | | Registered # 1 | 111 | |
|-------------------|--|-------------------|----------------------|------------------|-------------------|
| _ | 07012019 | | | | |
| | Place of Death MERCY MEDICAL CENTER, SPRINGFIELD, | MA | | | |
| | Date of Death MAY 03, 2021 | Age 68 YRS | 5 | Sex F | EMALE |
| | Current Name GREENE, MARCIA SUE | | | | |
| DECEDENT | Surname at Birth or Adoption DIENSTFREY | | SSN | 484-66-86 | 94 |
| | AKA — | | | | |
| | Date of Birth OCTOBER 29, 1952 Birthplace OMAHA, NEBRAS KA | | | | |
| | Residence 10 LODGE LANE, WILBRAHAM, MASSACHUSETTS 01095 | | | | |
| | Race Education | | | | |
| | WHITE | BACHELOR'S DEGREE | | | |
| | Marrial Status Occupation/Industry MARRIED EDUCATOR/RELIGIOUS EDUCATOR | | | | |
| | Last Spouse – Last, First, Middle (Surname at Birth or Adoption) | | ent: U.S. Veteran (A | Most Recentl | |
| | GREENE, MANDELL (GREENE) | NO | ent. O.b. Peteran (A | etasi Kecemij | |
| | Parent Name - Last, First Middle (Surname at Birth or Adoption) | Birthp | | | |
| | DIENS TFREY, RONNA (RIMMERMAN) Parent Name – Last, First Middle (Swrame at Birth or Adoption) | | RASKA | | |
| | DIENSTFREY, MARVIN (DIENSTFREY) | Birthp NEW | YORK | | |
| MEDICAL CERTIFIER | Part I. Cause of Death - Sequentially list im mediate cause then an tecedent car | | | Interval between | n onset and death |
| | a. Immediate Cause (Final condition resulting in death) | | | | |
| | PNEUMONIA b. Due to or as a consequence of: | | | - DAYS | |
| | CONGESTIVE HEART FAILURE/DIASTOLIC | | | - YRS. | |
| | c. Due to or as a consequence of: | | | 1101 | |
| | ACUTE RENAL FAILURE | | | - DAYS | |
| | d. Due to or as a consequence of: | | | 3.000 | |
| | OBSTRUCTIVE SLEEP APNEA — YRS. Part II. Other significant conditions contributing to death but not resulting in underlying cause Manner of Death: | | | | |
| | - Unit 1. Other significant conditions contributing to death out not resulting in t | indertying cause | NATURAL. | • | |
| | . 4 | | | 70.00 (3) | |
| | | | Time of Death: | 09:00 AM | |
| | | \$ 3° - ° | Result of Injury: | NO | |
| | Certifier NADA NASSER, MD | | | | |
| L | Addr. 271 CAREW STREET, SPRINGFIELD, MASSACHUSETTS 01104 | | | | |
| DISPOSITION | Funeral Licensee/ Designee RYAN S AS CHER Lic # 50100 | | | | |
| | Facility/Addr. ASCHER-ZIMMERMAN FUNERAL HOME, SPRINGFIELD, MASSACHUSETTS | | | | |
| | Immediate Disposition BURIAL | 1 | | | |
| | Date of Immediate Disposition MAY 05, 2021 | | | | |
| | Place/Address | | she ? | 1 . | |
| | MA VETERANS' MEMORIAL CEMETERY, 1390 MAIN | 1 | - | | ン . |
| | STREET, AGAWAM, MASSACHUSETTS 01001 | | | | |
| D | ate of Record MAY 07, 2021 | | | | |

DATE ISSUED:

MAY 07, 2021

Date of Amendment

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

The O

CLERK, CITY OF SPRINGFIELD

Clerk City of Springfield