



The Commonwealth of Massachusetts
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

2009-10441

555

1 DECEDENT - NAME FIRST Joshua		MIDDLE K.	LAST Messier	2 SEX Male	3 DATE OF DEATH (Mo., Day, Yr.) May 4, 2009
4a PLACE OF DEATH (City/Town) Brockton		4b COUNTY OF DEATH Plymouth	4c HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number) Brockton Hospital		
5 PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> DOA Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify):		6 SOCIAL SECURITY NUMBER 019-66-2722		7 IF US WAR VETERAN Specify War	
8a WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes:		8b RACE (specify) White		9 DECEDENT'S EDUCATION (highest grade completed) Elem-Sec (0-12) 12 College (1-4, 5+)	
10a AGE - Last Birthday (Yrs) 23	b UNDER 1 YEAR MOS DAYS	c UNDER 1 DAY HRS MINS	10d DATE OF BIRTH (Mo., Day, Yr.) July 16, 1985	11 BIRTHPLACE (City and State or Foreign Country) Worcester, Massachusetts	
12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Never Married	13 LAST SPOUSE (full name at birth or adoption) None		14a USUAL OCCUPATION (Prior, if retired) Attendant	14b TYPE OF BUSINESS/INDUSTRY Country Club	
15a RESIDENCE - No., and Street, City/Town, County, State/Country 78 North Sturbridge Road, Charlton, Worcester CO., Massachusetts					15b Zip Code 01507
16 FATHER - full name at birth or adoption Kevin Messier		17 STATE OF BIRTH (if not in U.S. name country) New York		18 MOTHER - full name at birth or adoption Lisa Brown	
19 STATE OF BIRTH (if not in U.S. name country) Massachusetts		20 INFORMANT'S NAME Lisa Jaskulka-Messier		21 MAILING ADDRESS 78 North Sturbridge Rd. Charlton MA 01507	
22 RELATIONSHIP Mother		23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other:		24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Kevin L. Mercadante	
25 LICENSE # 5985		26a PLACE OF DISPOSITION (Name of cemetery, crematory, or other) Rural Crematory		26b LOCATION (City/Town/State) Worcester, Massachusetts	
27 DATE OF DISPOSITION (Mo., Day, Yr.) May 22, 2009		28a/b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Mercadante Funeral Hm, 370 Plantation St. Worcester MA 01601			
29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE					APPX INTERVAL
a Immediate Cause CARDIOPULMONARY ARREST DURING PHYSICAL RESTRAINT,					
b Due to WITH BLUNT IMPACT OF HEAD AND COMPRESSION OF CHEST,					
c Due to WHILE IN AGITATED STATE					MINUTES
d Due to					
30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH					31 AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes
34 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending Investigation		35a DATE OF INJURY May 04, 2009		35b TIME OF INJURY UNKNOWN AM PM	35c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No No
35d DESCRIBE HOW INJURY OCCURRED RESTRAINED BY CORRECTION OFFICERS DURING AGITATED STATE		35e PLACE OF INJURY (Type) JAIL/PSYCHIATRIC HOSPITAL		35f LOCATION/ADDRESS OF INJURY 20 ADMINISTRATION ROAD, BRIDGEWATER, MA	
38 MEDICAL EXAMINER CERTIFICATION		37a APPX TIME OF DEATH 10:26 PM		37d DATE PRONOUNCED May 04, 2009	
(Name and Address) MINDY J. HULL, M.D., 720 ALBANY STREET, BOSTON, MA 02118		39 LICENSE # 230737		37e TIME PRONOUNCED 10:26 PM AM PM	
37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated. (Signature) <i>Mindy J. Hull</i>		37b DATE SIGNED February 03, 2010		37c <input checked="" type="checkbox"/> AND <input type="checkbox"/> DO	
40a RIV PN NP PRONOUNCEMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40b IF YES, DATE	40c IF YES, TIME AM PM	40d NAME OF PRONOUNCER TITLE: <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP		
41 DATE BURIAL PERMIT ISSUED May 19, 2009		42 RECEIVED IN CITY/TOWN OF Brockton		43 DATE OF RECORD May 22, 2009	
BURIAL AGENT SIGNATURE S/Ellen Silva		CLERK'S SIGNATURE <i>Anthony J. Zeoli</i>			

I certify that I am the City Clerk of Brockton, MA and I have Custody of Records of Births, Marriages and Deaths required by law to be kept in My office, I certify that the above is a true copy from said records.
WITNESS MY HAND AND SEAL OF THE CITY OF BROCKTON THIS 24th DAY OF JULY 2014

Anthony J. Zeoli
ANTHONY J. ZEOLI, CITY CLERK