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

State File # 2017 019003

Registered # 017181

OCME CASE # 2017-5201

MEDICAL EXAMINER

DECEDENT	Place of Death	HEALTHALLIANCE HOSPITAL, LEOMINSTER, MA			
	Date of Death	APRIL 19, 2017	Age	27 YRS	
				Sex	MALE
	Current Name	HERNANDEZ , AARON JOSEF			
	Surname at Birth or Adoption	HERNANDEZ	SSN		
	AKA	---			
	Date of Birth	NOVEMBER 06, 1989	Birthplace	BRISTOL, CONNECTICUT	
	Residence	1 HARVARD ROAD, SHURLEY, MASSACHUSETTS 01464			
	Race	WHITE	Education	SOME COLLEGE CREDIT, BUT NO DEGREE	
	Marital Status	NEVER MARRIED	Occupation/Industry	PROFESSIONAL FOOTBALL PLAYER/PROFESSIONAL FOOTBALL	
Last Spouse - Last, First, Middle (Surname at Birth or Adoption)	---		Decedent: U.S. Veteran (Most Recent)		
			NO		
Mother/Parent Name - Last, First, Middle (Surname at Birth or Adoption)	HERNANDEZ, TERRI (VALENTINO)		Birthplace		
			CONNECTICUT		
Father/Parent Name - Last, First, Middle (Surname at Birth or Adoption)	HERNANDEZ, DENNIS (HERNANDEZ)		Birthplace		
			CONNECTICUT		
MEDICAL CERTIFIER	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)	ASPHYXIA BY HANGING			
	b. Due to or as a consequence of:	---			
	c. Due to or as a consequence of:	---			
	d. Due to or as a consequence of:	---			
	Part II. Other significant conditions contributing to death but not resulting in underlying cause			Manner of Death:	
	---			SUCIDE	
				Time of Death: 04:07 AM	
				Result of Injury: YES	
Certifier		HENRY M. NIELDS, MD		Lic #	
Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118					
Funeral Licensee/Designee		GEORGE FAGGAS		Lic #	
Facility/Addr. FAGGAS FUNERAL HOME, INC., WATERTOWN, MASSACHUSETTS					
Immediate Disposition		REMOVAL FROM STATE			
Date of Immediate Disposition		APRIL 25, 2017			
Place/Address		BROOKSIDE CREMATORY, 453 CHRISTIAN LANE, BERLIN, CONNECTICUT 06037			
Date of Record		APRIL 21, 2017			
Date of Amendment		---			

CLERK, CITY OF LEOMINSTER

DATE ISSUED: APRIL 25, 2017

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

Clerk
City of Leominster

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HERNANDEZ

SFN: 2017 019003

LEOMINSTER 017181

SHIRLEY 21

STATE VOL/PG: /

<i>If U.S. war veteran, specify war conflict(s)</i> ---			
<i>Branch of military (most recent)</i> ---		<i>Rank/organization/outfit (most recent)</i> ---	
<i>Date entered (most recent)</i> ---	<i>Date Discharged (most recent)</i> ---	<i>Service Number (most recent)</i> ---	
<i>Place of Death Type</i> HOSPITAL - DOA		<i>Date of Pronouncement</i> ---	<i>Time of Pronouncement</i> ---
<i>RN/NP/PA Pronouncement?</i> NO	<i>Name of RN/NP/PA Pronouncing Death</i> ---		<i>Lic #</i> ---
<i>RN/NP/PA Employing Agency or Institution</i> ---		<i>Name of Physician or Medical Examiner notified</i> ---	
<i>Was M.E. Notified?</i> YES	<i>Provider in charge of patient's care, if not certifier</i> ---		
<i>Autopsy Performed?</i> YES	<i>Findings available for Cause?</i> NO	<i>Tobacco contribute to death?</i> NO	<i>Pregnancy Status, if female</i> ---
<i>Date of Injury</i> APRIL 19, 2017	<i>Time of Injury</i> UNKNOWN	<i>Injury at Work?</i> NO	<i>If Transportation Injury, specify:</i> NOT APPLICABLE
<i>Place of Injury</i> PRISON CELL		<i>Location/Address of Injury:</i> 1 HARVARD ROAD, SHIRLEY, MASSACHUSETTS 01464	
<i>Describe How Injury Occurred</i> HANGED HIMSELF			
<i>Expanded Race:</i> HISPANIC/LATINO/WHITE, WHITE			
<i>Ethnicity:</i> AMERICAN			
<i>Informant Name</i> LINDA KENNEY BADEN			<i>Relationship</i> ATTORNEY
<i>Addr.</i> 15 W 53RD STREET, NEW YORK, NEW YORK 10019			
<i>Date Disposition Permit Issued:</i> APRIL 21, 2017		<i>Board of Health Agent</i> CHRISTOPHER J. KNUTH	
<i>State Tracking No.</i> 019003		<i>Local Permit No.</i>	