

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 011-95 LOCAL NO. _____ COUNTY OF DEATH Buncombe STATE FILE NO. _____

DECEDENT
TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

DECEDENT'S LEGAL NAME
1a. FIRST Laura 1b. MIDDLE Jean 1c. LAST Yavelow 1d. SUFFIX _____ 1e. LAST NAME PRIOR TO FIRST MARRIAGE Kleiber

2. SEX F 3a. AGE-LAST BIRTHDAY (Yrs) 63 3b. UNDER 1 YEAR Months _____ Days _____ 3c. UNDER 1 DAY Hours _____ Minutes _____ 4. DATE OF BIRTH (Month/Day/Year) September 13, 1950 5. BIRTHPLACE (County/State or Foreign Country) Baltimore Co./MD 6. DATE OF DEATH (Month/Day/Year) July 16, 2014

PLACE OF DEATH (Check only one)
7a. IF DEATH OCCURRED IN A HOSPITAL Inpatient ER/Outpatient DOA Hospice facility Nursing home/Long term care facility Decedent's home Other (Specify) _____
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

7c. FACILITY NAME (If not institution, give street and number) John F Keever Solace Center 7d. CITY OR TOWN Asheville 7e. COUNTY OF DEATH Buncombe

8. MARITAL STATUS Married Married, but separated Widowed Divorced Never married Unknown
9. SURVIVING SPOUSE (if wife, give name prior to first marriage) Chris Yavelow 10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) Clinical Research 10b. KIND OF BUSINESS/INDUSTRY Medical

11. SOCIAL SECURITY NUMBER 219-58-1793 12a. RESIDENCE-STATE OR FOREIGN COUNTRY North Carolina 12b. COUNTY Buncombe 12c. CITY OR TOWN Asheville

12d. STREET AND NUMBER 121 Cedar Forest Trail 12e. INSIDE CITY LIMITS Yes No 12f. ZIP CODE 28803 13. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
 8th grade or less
 9th-12th grade; no diploma
 High school graduate or GED completed
 Some college credit, but no degree
 Associate degree (e.g., AA, AS)
 Bachelor's degree (e.g., BA, AB, BS)
 Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
 Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
 No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino (Specify) _____

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
 White Other Asian (Specify) _____
 Black or African American
 American Indian or Alaska Native (Name of the enrolled or principle tribe) _____
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander (Specify) _____
 Asian Indian Japanese
 Chinese Korean Other (Specify) _____
 Filipino Vietnamese

17. FATHER'S NAME (First, Middle, Last) Kenneth Kleiber 18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Frances Clark

19a. INFORMANT'S NAME Chris Yavelow 19b. RELATIONSHIP TO DECEDENT Husband 19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 121 Cedar Forest Trail Asheville, NC 28803

20a. METHOD OF DISPOSITION Burial Cremation Donation Entombment Removal from State Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Green Hills Cemetery 20c. LOCATION (City or Town and State) Asheville, NC

21a. SIGNATURE OF FUNERAL DIRECTOR Brian Ballard 21b. LICENSE NUMBER FD 4012 21c. NAME OF EMBALMER No Embalming 21d. LICENSE NUMBER _____

22. NAME AND ADDRESS OF FUNERAL HOME Groce Funeral Home at Lake Julian 72 Long Shoals Road Arden, NC 28704

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE. Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Creutzfeldt-Jakob disease
Due to (or as a consequence of) _____
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. _____ Due to (or as a consequence of) _____
c. _____ Due to (or as a consequence of) _____
d. _____

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 24a. WAS AN AUTOPSY PERFORMED? Yes No 24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

25. MANNER OF DEATH Natural Homicide Accident Pending Suicide Cannot be determined
26a. WAS CASE REFERRED TO MEDICAL EXAMINER? Yes No
26b. IF YES Declined by Medical Examiner
27. TIME OF DEATH (Approximate) 6:28 PM
28. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
29. IF FEMALE: Pregnant at time of death Not pregnant within past year Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

30. DATE PRONOUNCED (Month/Day/Year) _____ 31a. DATE OF INJURY (Month/Day/Year) _____ 31b. TIME OF INJURY _____ 31c. INJURY AT WORK? Yes No 31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. _____ 31e. IF TRANSPORTATION INJURY SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify) _____

31f. DESCRIBE HOW INJURY OCCURRED _____ 31g. LOCATION OF INJURY (Street/Number/City/State) _____

32. CERTIFIER (Check only one)
 Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner - 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) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER Jeffrey D Stilson, MD 33b. LICENSE NUMBER 26057 33c. DATE SIGNED (Month/Day/Year) 7/17/14

34. NAME AND ADDRESS OF CERTIFIER (Print legibly) Jeffrey D Stilson, MD 21 Belvedere Rd, Asheville NC 28803 36. DATE REGISTERED BY STATE _____

34. FOR LOCAL REGISTRAR (Name) Debra Harris 35. DATE FILED (Month/Day/Year) 7-21-2014

DATE CORRECTED (Mo/Day/Yr) _____ ITEM(S) CORRECTED: _____
DATE AMENDED (Mo/Day/Yr) _____ ITEM(S) AMENDED: _____

North Carolina
Buncombe County

I, DREW REISINGER, Register of Deeds of Buncombe County, do hereby certify that the above information is from Volume XXX Page XXX of the record of Vital Statistics for Buncombe County, North Carolina.

Witness my hand and official seal this the 21st day of July, 20 14

Drew Reisinger
DREW REISINGER, Register of Deeds

Jeffrey D. Stilson
By: Ass./Deputy/Registrar of Deeds

BURIAL/CREMATION PERMIT
Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial/transport permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state. A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

CERTIFIER

REGISTRAR

Substitute For
DHHS 1872
(REVISED 08/13)
N.C. VITAL RECORDS
(REVIEW 08/16)