CERTIFICATE OF DEATH

(Exhibit-2-g)

Register's No. _____

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Richard Lee Guthrie Jr.	Male	July 12, 1996

4. SOCIAL SECURITY NO.	5a. AGE Last Birthday (Years)	5b. UNDER 1 YEAR (Months)	(Days)	5c. UNDER 1 DAY (Hours)	(Minutes)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City/State or Foreign Country)
[redacted]	37					Feb. 25, 1958	Washington, D.C.

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	9a. PLACE OF DEATH (Check only one) — HOSPITAL	OTHER
yes	☐ Inpatient ☐ ER/Outpatient ☒ DOA	☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Elizabeth Edgewood	Edgewood	Kenton

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Never Married		Carpenter	Construction

13a. RESIDENCE - State	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
MD	Ocean	Ocean City	14 38th St. #201

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/Secondary (0-12)	College (1-4 or 5+)
yes	21842	☒ No ☐ Yes	White	12	

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
[redacted]	[redacted]

19a. INFORMANT'S NAME	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
[redacted]	[redacted]

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - (City, Town or State)
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____	Gate of Heaven	Silver Spring, MD

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such)	22. NAME AND ADDRESS OF FACILITY
[signature]	Hawthorne-Bowles Funeral Home 7830 Hamilton Ave., Cincinnati, OH 45231

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause stated — Signature and Title (MUST USE BLACK INK)	23b. DATE SIGNED (Month, Day, Year)
[redacted] MD Deputy Coroner	8-14-96

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 23)

401 E 20th St Cov Ky 41014

25. TIME OF DEATH	26. DATE PRONOUNCED DEAD (Month, Day, Year)	27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)
6:40 AM	7-12-96	YES

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. — Approximate interval between onset and death

IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ASPHYXIA — DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. HANGING — 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.

28a. WAS AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No)
YES	YES

29. MANNER OF DEATH	30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY	30c. INJURY AT WORK? (Yes or No)	30d. DESCRIBE HOW INJURY OCCURRED.
☐ Natural ☐ Pending Investigation ☐ Accident ☒ Suicide ☐ Could not be determined ☐ Homicide		AM PM		

30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	30f. LOCATION (Street and number or Rural Route Number, City or Town)

31. REGISTRAR'S SIGNATURE	32. DATE FILED (Month, Day, Year)