PLEASE NOTE: Before removing a body to a Crematory, the Funeral Director MUST obtain a Cremation Certificate from the Office of State Medical Examiner, 48 Orms Street, Providence, RI 02904

MEDICAL EXAMINER’S CREMATION CERTIFICATE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS
THREE CAPITOL HILL, ROOM 101
PROVIDENCE, RI 02908

<table>
<thead>
<tr>
<th>Case Number:</th>
<th>Crematory:</th>
</tr>
</thead>
</table>

1. Name of Decedent | 2. Date of Death |

3a. Place of Death | 3b. City or Town | 4. Age

5. Cause of Death

6. Autopsy(Yes or No)

7. Physician

8. Funeral Home

I hereby certify that I have made personal inquiry into the cause and manner of death. Upon such inquiry, it is my opinion that no further examination or judicial inquiry concerning this death is necessary.

Permission is herewith given to cremate the body of the decedent named above.

9a. Signature of Medical Examiner | 9b. Date Signed

9c. Address
Rhode Island Department of Health
Office of State Medical Examiner
48 Orms Street, Providence, RI 02904

TO BE COMPLETED BY CREMATORY:

10a. Date Cremated | 10b. Name of Crematory | 10c. City or Town | 10d. State

THE CREMATORY SHALL RETAIN A COPY OF THIS COMPLETED FORM AND SEND ORIGINAL FORM TO THE DIVISION OF VITAL RECORDS

VS-37 (Rev. 05/2007)