

New Zealand Death Certificate

DECEASED

First/given name(s) **Dean Glen**
Surname/family name **Kearney**

(If different from above) First/given name(s) at birth **Dean Glenn**
Surname/family name at birth **-**

Date of death **3 June 2016**
Place of death **Wellington Hospital Riddiford Street Newtown**
Cause or causes of death **Presumed Sepsis 4 Hours**
(as specified in doctor's certificate or coroner's order) **Melas Syndrome Cardiomyopathy 7 Years**

Name of certifying doctor **Jesse Mills**
Date last seen alive by certifying doctor **2 June 2016**

Sex **Male**
Age and date of birth **45 years 26 April 1971**
Place of birth **Lower Hutt**
If not born in New Zealand number of years lived here **-**
Usual home address **c/- St John Rest Home 11 Messines Road Karori Wellington**
Wellington
Usual occupation, profession or job **Beneficiary**
Date of burial or cremation **7 June 2016**
Place of burial or cremation **Akatarawa Crematorium Upper Hutt Akatarawa Road Upper Hutt**
Age of each living daughter **-**
Age of each living son **-**

MOTHER: First/given name(s) **Joy Carol**
Surname/family name **Prince**
(If different from above) First/given name(s) at birth **-**
Surname/family name at birth **Not Recorded**

PARENTS

FATHER: First/given name(s) **James Ian Clifford**
Surname/family name **Kearney**
(If different from above) First/given name(s) at birth **-**
Surname/family name at birth **-**

Relationship status at time of death **Never in a legal relationship**
Relationship type **-**
Age of deceased at event **-**
Place of marriage/civil union **-**
SPOUSE/ First/given name(s) **-**
PARTNER: Surname/family name **-**
Sex **-**
Age *(if living)* **-**

RELATIONSHIP(S)

Certified true copy of particulars recorded by a Registrar

Issued under the seal of the Registrar on **10 June 2016**

Registration Number

2016014274