

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

038141-69
5-3

CORONER'S CERTIFICATE OF DEATH

File No.

Local Reg. No.

Primary Dist. No. 35814-312

| | | | |
|---|------------------------------|---|--|
| 1. PLACE OF DEATH, OR PLACE WHERE BODY WAS FOUND a. County Lackawanna | | 2. USUAL RESIDENCE (where deceased lived, if institution; residence before admission) a. State Pa. b. County Lack. | |
| b. CITY, BOROUGH OR TOWNSHIP Jessup | | c. City, Borough or Township Jessup | |
| d. STREET ADDRESS OR LOCATION 300 Block of Church St. | | d. Street address or location 1001 Church Street | |
| e. NAME OF HOSPITAL OR INSTITUTION, IF APPLICABLE | | e. Is Residence inside Municipality Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Is Residence on a Farm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED a. (First) Armond b. (Middle) Cardoni c. (Last) Cardoni | | | 4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 69 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 1, 1920 |
| 9. AGE (In years last birthday) 48 | | 9. AGE (In years last birthday) If under 1 year: Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Mins. <input type="checkbox"/> | |
| 10. FULL NAME OF SPOUSE Julia Cardoni | | 11. BIRTHPLACE (Also give state or foreign country) Jessup, Pa. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Alfonso Cardoni | |
| 14. MOTHER'S MAIDEN NAME Adelle Mezzanotte | | 15. USUAL OCCUPATION (even if retired) Tavern Operator | |
| 16. SOCIAL SECURITY NO. 307-16-8683 | | 17. INFORMANT ADDRESS Mrs Julia Cardoni 1001 Church St Jessup | |

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|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), (c)] PART I. Death was caused by: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (c) stating the underlying cause last. } DUE TO (b) Myocardial Insufficiency DUE TO (c) Chronic Rheumatic Valvular Heart Disease (Aortic Stenosis) | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)] Dead about 5 hours | | 19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED | 20c. Time of Injury Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> E.S.T. |
| 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) | 20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE |

21. I hereby certify that investigation of the death of the above named deceased revealed in the findings here stated, and that time of death is estimated as **7:45 a. m. E. S. T., on the date stated above.**

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|--|--|---|---|
| 22a. SIGNATURE OF CORONER <i>William H. ...</i> | | 22b. ADDRESS Deputy 307 Lack. Ave. Olyphant, Pa. | 22c. DATE SIGNED 4/2/69 |
| 23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 23b. DATE 4-5-1969 | 23c. NAME OF CEMETERY OR CREMATORY St John's Cemetery Jessup-Lackawanna Pa. | 23d. LOCATION (City, Boro, Twp. & County) (State) |
| 24. DATE REC'D BY REG. 4-4-69 | 25. REGISTRAR'S SIGNATURE <i>Lephoria Evans</i> | 26. SIGNATURE OF FUNERAL DIRECTOR <i>William G. ...</i> ADDRESS 1003 Church St | |