

**COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH**  
**DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS**

REGISTRATION AREA NUMBER <b>192</b>	CERTIFICATE NUMBER <b>30</b>	STATE FILE NUMBER <b>11026</b>
--	---------------------------------	-----------------------------------

1. FULL NAME OF DECEASED (first) (middle) (last) <b>Norman Andrew Cullop</b>			2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
3. DATE OF DEATH (mo) (day) (year) <b>April 15, 1961</b>		4. AGE OF DECEASED <b>73 years</b>		5. COLOR OR RACE <b>White</b>
6. NAME OF HOSPITAL OR INSTITUTION OF DEATH <b>Jeffersonville</b>			7. COUNTY OF DEATH <b>Tazewell</b>	
8. CITY OR TOWN OF DEATH <b>Tazewell</b>			9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH	
10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE <b>Virginia</b>			11. COUNTY OF DECEASED'S RESIDENCE <b>Tazewell</b>	
12. CITY OR TOWN OF RESIDENCE <b>Dislip</b>			13. STREET ADDRESS OR RT. NO. OF RESIDENCE	
12. NAME OF FATHER OF DECEASED <b>Steven Cullop</b>			13. MAIDEN NAME OF MOTHER OF DECEASED <b>Elizabeth Hingar</b>	
14. CITIZEN OF WHAT COUNTRY <b>USA</b>		17. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		18. IF MARRIED OR WIDOWED, NAME OF SPOUSE <b>Pauline Dungan</b>
19. SOCIAL SECURITY NUMBER		20. IF VETERAN, name war, or if peace-time only, so state		21. BIRTHPLACE (state or country) OF DECEASED <b>Chilhowie, Virginia</b>
23. USUAL OF LAST OCCUPATION		24. KIND OF BUSINESS OR INDUSTRY <b>Coal Mines</b>		22. DATE OF BIRTH (mo) (day) (year) OF DECEASED <b>9-17-1887</b>
25. USUAL OF LAST OCCUPATION <b>Miner</b>			25. INFORMANT - OR SOURCE OF INFORMATION <b>Mrs. N. A. Cullop</b>	

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
IMMEDIATE CAUSE (A)	<b>Cerebral embolism</b>	
DUE TO	<b>Pulmonary emphysema and atelectasis</b>	
DUE TO	<b>Arteriosclerosis and Chronic Brain Syndrome sev. yrs</b>	<b>several yrs</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

25b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		25c. IF EXTERNAL CAUSE IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER		25d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in part I or part II)	
25e. TIME OF INJURY (mo) (day) (year) <b>A.M. P.M.</b>		25f. INJURY OCCURRED while <input type="checkbox"/> or not while <input type="checkbox"/> at work <input type="checkbox"/>		25g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	
25h. I CERTIFY that I attended the deceased from <b>3-10-61</b> to <b>4-15-61</b> and that death occurred at <b>2:45</b> (PM) from the cause stated above (address - city and state) (date signed)		25i. (city or town) (county) (state) <b>3</b>			

ACTUAL SIGNATURE **Tazewell, Va.**

27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>			28. PLACE OF BURIAL, REMOVAL, ETC. <b>Sulphur Springs Chilhowie, Virginia</b>		
--	--	--	--	--	--

(Signature of funeral director or person acting as such)  
**Richlands Funeral Home**

(Signature of registrar)  
**Nancy Donald** DATE RECORD FILED **5-3-61** **Richlands, Va.**

MEDICAL CERTIFICATION