

CERTIFICATE OF DEATH

Registered No. **067126-61**

BIRTH NO. _____
 M.E. CASE NO. _____
 1. NAME OF DECEASED
 (Type or Print) **HARRY HUDSON WEISER**
 2. DATE AND HOUR OF DEATH
7-31-1961 5:30 P.M.

3. PLACE OF DEATH (In BALTIMORE, PA, AND
 4. USUAL RESIDENCE (Where deceased lived, if institution; instance before admission)
 A. STATE **PA** B. COUNTY **NORTHUMB.**

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
SHAMOKIN STATE Hosp.

C. CITY OR TOWN (If outside city limits, write RURAL and give township)
SHAMOKIN

D. STREET ADDRESS (If rural, give location)
302 N. SHAMOKIN

5. SEX **M** RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **MARRIED** 8. DATE OF BIRTH **1-5-1891** 9. AGE (In years last birthday) **70** 10. If Under 1 Year: Months, Days; If Under 24 Hrs.: Hours, Min.

11. BIRTHPLACE (State or foreign country) **SHAMOKIN, PA** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. USUAL OCCUPATION (Give kind of work done at any part of working life, even if retired) **CLERK, RETAIL** 14. MOTHER'S MAIDEN NAME **ANNA COOK**

15. FATHER'S NAME **GEORGE WEISER** 16. SOCIAL SECURITY NO. **166-14-1064** 17. INFORMANT **HELENE WEISER, 302 N. SHAMOKIN ST. SHAMOKIN, PA**

18. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) If yes, give year or dates of service

19. Spouse - **HELENE DREHER** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH **ACUTE PULMONARY EDEMA** INTERVAL BETWEEN ONSET AND DEATH **2 HOURS**

(This does not mean the mode of dying, e.g., heart failure, exhaustion, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES **4300/** (b) DUE TO **COR PULMONALE** YEARS

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (c) **ARTERIO-SCLEROTIC HEART DISEASE** YEARS

20. MEDICAL CERTIFICATION

21. (A) DUE TO **ACUTE PULMONARY EDEMA** 2 HOURS

(B) DUE TO **COR PULMONALE** YEARS

(C) **ARTERIO-SCLEROTIC HEART DISEASE** YEARS

22. (1) (This is hospital) attended the deceased from _____ 19____ to _____ 19____

and that in (my) (our) opinion death occurred on the date _____ 19____ and that in (my) (our) opinion death occurred on the date _____ 19____

and that I (we) (did) (did not) view the body after death.

23A. SIGNATURE _____ 23B. DATE SIGNED **8/11/1961**

23C. PHYSICIAN'S NAME (Print) **NICHOLAS SPOCK** 23D. ADDRESS **SHAMOKIN, PA**

24A. BURIAL CREMATION, 24B. DATE REMOVAL (if ready) **BURIAL 8/4/1961** 24C. NAME OF CEMETERY OR CREMATORY **ODD FELLOWS** 24D. LOCATION (City, town, or county) (State) **COAL Twp. North's Co. PA.**

25A. DATE REC'D BY HEALTH DEPT. **Aug 2 - 1961** 25B. NAME OF REGISTRAR **EE. KOLASHESKI** 25C. FUNERAL DIRECTOR **M. C. FARRAN III, SHAMOKIN, PA**