

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO.

9025

REGISTRAR'S NO.

30

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <u>Sarasota</u>		CODE NO. <u>68-12</u>	2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Virginia</u> b. COUNTY <u>Prince George</u>	
b. CITY OR TOWN <u>Sarasota</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Hopewell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RR-45 24 Solt Apts.</u>		
3. NAME OF DECEASED a. (First) <u>MORRIS</u> (Type or Print)			b. (Middle) <u>ADERHOLT</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 18, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 13, 1915</u>	
9. AGE (in years if under 1 year last birthday) Months Days Hours Min. <u>39</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baseball Scout</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Washington Senators</u>		11. BIRTHPLACE (State or foreign country) <u>Mount Olive, North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>G. L. Aderholt</u>		14. MOTHER'S MAIDEN NAME <u>Annie High</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE <u>Eloise Aderholt</u> ADDRESS <u>Emporia, Va.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exact cause undetermined -</u> <u>Coronary Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral stenosis & insufficiency</u> DUE TO (c) <u>Rheumatic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Hours -</u> <u>years</u> <u>years -</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>416X-25</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Probably) (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY OR TOWN) (COUNTY) (STATE) If rural, state RURAL	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>3-17</u> , 19 <u>55</u> , to <u>3-18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>55</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Thomas L. Scott, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sarasota, Fla</u>		23c. DATE SIGNED <u>18 Mar '55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell, Va.</u>	24d. LOCATION (City, town, or county) (State) <u>Hopewell, Va.</u>
DATE REC'D BY LOCAL REG. <u>Mar. 22, 1955</u>		REGISTRAR'S SIGNATURE <u>Ely J. Henry, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Roberts</u> ADDRESS <u>Roberts Funeral Home, Sarasota, Fla.</u>