COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS — RICHMOND

REGISTRATION AREA NUMBER: 232
CERTIFICATE NUMBER: 105
STATE FILE NUMBER: 70 028582

1. FULL NAME OF DECEASED (first) Albert (middle) P. (last) ~~XXXXXXX~~ Leifield
2. SEX: male [x] female [ ]
3. DATE OF DEATH (mo.) (day) (year): Oct. 10, 1970
4. AGE OF DECEASED: 88 years
IF UNDER 1 YEAR: months / days — IF UNDER 1 DAY: hours / minutes
5. COLOR OR RACE: White
6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): Fairfax Nursing Home
7. COUNTY OF DEATH (if independent city, leave blank):
8. CITY OR TOWN OF DEATH (if rural, so state): Fairfax — inside city or town limits? yes [x] no [ ]
9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 10701 Main St.
10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
11. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank): Fairfax 129
12. CITY OR TOWN OF RESIDENCE: Alexandria — inside city or town limits? yes [x] no [ ]
13. STREET ADDRESS OR RT. NO. OF RESIDENCE: 4625 Brookside Dr. 22312
14. NAME OF FATHER OF DECEASED: Henry Leifield
15. MAIDEN NAME OF MOTHER OF DECEASED: Maggie Mollenbach ~~Margaret~~
16. DECEASED CITIZEN OF WHAT COUNTRY: U.S.A.
17. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
18. IF MARRIED OR WIDOWED, NAME OF SPOUSE: Charlotte C. Leifield
19. SOCIAL SECURITY NUMBER: 486-28-2043
20. IF VETERAN, name war, or if peacetime only, so state: N/A
21. BIRTHPLACE OF DECEASED (state or country): Trenton, Ill.
22. DATE OF BIRTH OF DECEASED (mo.) (day) (year): Sept. 6, 1882
23. USUAL OR LAST OCCUPATION: Ret.
24. KIND OF BUSINESS OR INDUSTRY:
25. INFORMANT — OR SOURCE OF INFORMATION: Mrs. L. David (Daughter)

MEDICAL CERTIFICATION

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) [illegible handwriting] prostate carcinoma
METASTIC PROSTATE CARCINOMA
DUE TO (B)
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
DUE TO (C) 185
INTERVAL BETWEEN ONSET AND DEATH: [illegible]

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

26a. AUTOPSY? yes [ ] no [ ] AUTHORIZED BY:
26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes [ ] no [ ] unknown [ ]
26c. IF EXTERNAL CAUSE, IT WAS PRIMARY [ ] or CONTRIBUTING [ ] TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER
26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)
26e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.
26f. INJURY OCCURRED while at work [ ] not while at work [ ]
26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
26h. (city or town) (county) (state)

26i. I CERTIFY that I attended the deceased from [illegible] to [illegible] and that death occurred at [illegible] (AM) (PM) from the cause stated above
ACTUAL SIGNATURE: [signature] M.D.
ADDRESS: (CITY AND STATE) 4625 [illegible] St. Alex. [illegible]
DATE SIGNED: 10 [illegible]

27. BURIAL [x] REMOVAL [ ] CREMATION [ ]
28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) Calvary Memorial Park (city or county) Fairfax, (state) Va.

29. (signature of funeral director or person acting as such) [signature: J. Everly]
NAME OF FUNERAL HOME AND ADDRESS: Everly-Wheatley, 1500 W. Braddock Rd. Alex., Va.

30. (signature of registrar) [signature]
DATE RECORD FILED: 10-13-70