

All items are to be complete and accurate.

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or typewriter.

Physician lost in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Federal director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

Dist No. 060 Serial No. 73 58 000165

1. NAME OF DECEASED (Type or print) a. (First) <u>George</u> b. (Middle) <u>Henry</u> c. (Last) <u>Schlei</u>			2. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24 1958</u>		
3. PLACE OF DEATH a. COUNTY <u>Cabell</u> b. CITY OR TOWN <u>Huntington</u> c. LENGTH OF STAY IN CITY OR TOWN <u>45 yrs</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>West Virginia</u> COUNTY <u>Cabell</u> b. CITY OR TOWN <u>Huntington</u>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>2976 Winters road</u>			d. STREET ADDRESS <u>2976 Winters road</u>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/12/78</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR: Months <u>12</u> Days <u>12</u> Hours <u>    </u> Min. <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper ruler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing, Co</u>	11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>George Schlei</u>			14. MOTHER'S MAIDEN NAME <u>Philomena Prune</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY No. <u>NONE</u>	17. INFORMANT <u>Mrs R.C. Deprie, Hgtn. W. Va</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: <u>491X IMMEDIATE CAUSE (a) <u>Bronchio pneumonia</u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I(a) <u>Cerebral Arteriosclerosis with multiple cerebral thromboses</u>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year, Hour M. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK At WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWN COUNTY STATE	
21. I attended the deceased from <u>1953</u> to <u>1/24/58</u> and last saw the deceased alive on <u>1/23/58</u> Death occurred at <u>3:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Huntington, W. Va</u>		22c. DATE SIGNED <u>1/28/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/27/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridgelawn</u>	23d. LOCATION (City, town, or county) (State) <u>Huntington, W. Va.</u>	
24. DATE REC'D. BY LOCAL REG. <u>JAN 29 1958</u>		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR <u>[Signature]</u> <u>3000 3rd Avenue Hgtn. W. Va</u>	

MEDICAL CERTIFICATION