

**CERTIFICATE OF DEATH  
STATE OF ALABAMA**

551

1. PLACE OF DEATH a. COUNTY <u>Etowah</u>		b. CITY, TOWN, OR LOCATION <u>28042</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Ala</u> b. COUNTY <u>Etowah</u>	
3. NAME OF DECEASED (Type or print) <u>Just Lawrence Daley</u>		4. SEX <u>M</u>		5. DATE OF BIRTH <u>3-14-84</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. AGE (In years last birthday) <u>82</u>	
9. USUAL OCCUPATION (Give kind of work done during most of working life) <u>Rubber Worker</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Goodyear</u>		11. BIRTHPLACE (State or foreign country) <u>Conn. 2</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Jeremiah Daley</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth O'Brien</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.		17. INFORMANT'S NAME <u>wife</u> Address <u>715 Duckhall St. E. Gadsden</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pulmonary embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>hypertension, bilateral</u> DUE TO (c) <u>arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>coronary failure</u>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. (Probably) 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 HOUR MONTH, DAY, YEAR INJURY a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <u>Sept 1954</u> to <u>1-26-67</u> and last saw <u>him</u> alive on <u>1-26-67</u> Death occurred at <u>7/4</u> m on the date stated above; and to the best of my knowledge, from the causes stated					
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>[Address]</u>		22c. DATE SIGNED <u>1/27/67</u>	
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>		<u>1-30-67</u>		<u>Christians</u>	
24. FUNERAL DIRECTOR <u>Callies - Butler, Gadsden</u>		25. DATE RECD. BY LOCAL REG. <u>1-31-67</u>		26. REGISTRAR'S SIGNATURE <u>Doris J. New</u>	

MEDICAL CERTIFICATION