

NEW JERSEY STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

61463

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME OF DECEASED (Type or Print) Alfred L. Dean			2. Sex Male		3. DATE OF DEATH December 21, 1970		
4. Color or Race White		5. Age (in yrs. last birthday) 55		6. Date of Birth 8/24/15		7. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of serv.) Yes WW II	
8. Birthplace (State or foreign country) North Carolina		9. Citizen of what country? U.S.A.		10. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		11. Social Security No. 197-10-6466	
12. PLACE OF DEATH a. County Burlington				13. USUAL RESIDENCE (If institution: residence before admission) a. State N.J. b. County Burlington			
b. City <input type="checkbox"/> (Check box and give name) Boro <input type="checkbox"/> Twp. <input type="checkbox"/> Riverside				c. City <input type="checkbox"/> (Check box and give name) Boro <input type="checkbox"/> Twp. <input type="checkbox"/> Riverside			
c. Name of Hospital or Institution 319 Middleton St.				d. Street Address (If rural, P.O. Address) 319 Middleton St.			
14. a. Usual Occupation (Give kind of work done during most of working life, even if retired) Director of Sports				14. b. Kind of Business or Industry U. S. Gov't			
15. Father's Name Robert Dean				16. Mother's Maiden Name Anna Short			
17. Informant's Name and Address Mrs. Jean Dean 319 Middleton St., Riverside, N.J. (Wife)							

18. PART I DEATH WAS CAUSED BY		Enter only one cause per line for (a), (b) and (c)		Approximate interval between onset and death	
Immediate Cause (a) Acute myocardial infarction				minutes	
Conditions, if any, which gave rise to above cause "a)", stating the underlying cause last		Due to (b)			
		Due to (c)			

PART II OTHER SIGNIFICANT CONDITIONS			19a. Was autopsy performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		19b. If yes, were findings considered in determining cause of death? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> to the best of my knowledge.		20b. Date and Hour of Injury M.		20c. How Injury Occurred (Enter nature of injury in Part I or II of Item 18).		
20d. Injury Occurred While at <input type="checkbox"/> Not White <input type="checkbox"/> Work at Work		20e. Place of Injury (e.g. in or about home, farm, factory, street, office bldg., etc.)		20f. City, Town or Location County State		
21. I (attended, examined) the deceased (from, on) _____ to _____ and last saw (him, her) alive on _____ Death occurred at 11:20AM on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. Attending Physician <input checked="" type="checkbox"/> Med. Exam. <input checked="" type="checkbox"/> County Phys. <input type="checkbox"/> Signature <i>[Signature]</i>				22b. Address Burl. Co. Mem. Hosp., Mt. Holly, NJ		22c. Date Signed 12/21/70
23a. Burial, Cremation, Removal (Specify) Burial		23b. Cemetery or Crematory Name St. Peter's Cemetery		23c. Location City Riverside, N.J. State		
23d. Burial Date Mo. Day Yr. 12-24-70		24a. Funeral Home Name Cole Funeral Home		24b. Funeral Home Address Riverside, N.J.		
25a. Registrar Issuing Permit - Signature <i>[Signature]</i>			25b. Date Rec'd. by Local Registrar Dec. 23, 1970		25c. N. J. License No. 2738	