

CERTIFICATE OF DEATH

Registration District No. 2345

1. PLACE OF DEATH a. COUNTY <u>Sebastian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Sebastian</u>	
b. CITY, TOWN, OR LOCATION <u>Fort Smith</u>		c. CITY, TOWN, OR LOCATION <u>Fort Smith</u>	
c. Length of Stay in 1b <u>20 years</u>		d. STREET ADDRESS <u>146 North 51st Street</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>St. Lawrence Hospital</u>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH 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"/>	

3. NAME OF DECEASED (Type or print) First <u>PAIDY</u> Middle <u>ELD.</u> Last <u>A.</u>			4. DATE OF DEATH Month <u>March</u> Day <u>16</u> Year <u>1962</u>		
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>11-10-1919</u>		9. AGE (In years last birthday) <u>42</u>
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Record Shop</u>		10b. Kind of Business or Industry <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>New York City, N. Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
13. FATHER'S NAME <u>Morris Feldman</u>			14. MOTHER'S MAIDEN NAME <u>Edith Spellman</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>059-03-8921</u>		17. INFORMANT (Name) <u>Ms. Lauretta Feldman, Ft. Smith, Ark</u> Address <u>Same as 2d.</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>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 Mins.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Occlusion, Acute</u>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I (a)

19. WAS AUTOPSY PERFORMED?
YES NO

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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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20d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK _____ AT WORK _____	20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from 10-18-47 to 2-1-62 and last saw him alive on 2-1-62.
Death occurred at 5:30 p.m. 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>N.D.</u>	22b. ADDRESS <u>621 South 21st Street</u>	22c. DATE SIGNED <u>3-20-62</u>
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23a. Burial, Cremation, Removal (Specify) <u>Burial</u>	23b. DATE <u>3-19-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fort Smith, Arkansas</u>
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24. FUNERAL DIRECTOR ADDRESS _____	25. DATE RECD. by LOCAL REG. <u>3-22-62</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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MEDICAL CERTIFICATION