

PRIMARY DIST. NO. 700

CERTIFICATE OF DEATH

07091-51

1. DEATH OCCURRED IN: ALLEGHENY		a. County		b. City or borough: PITTSBURGH	
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)					
d. Full Name of Hospital or Institution (If not in hospital, give street address): Presbyterian-University					
2. DECEASED'S MAILING ADDRESS: 5310 Pembroke Place			a. Street address, R. D., or Box Number		
b. Post Office, Zone, and State: Pittsburgh 32, Penn'a.					
3. VETERAN: Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
a. Which War			b. Serial No.		

4. NAME OF DECEASED (Type or print): SCOTT - McCANDLESS			5. DATE OF DEATH: 8 17 1961		
a. (First)		b. (Middle)	c. (Last)		5. DATE (Month) (Day) (Year)

6. WHERE DID DECEASED ACTUALLY LIVE? Pennsylvania		c. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township.			
a. State		b. County: Allegheny		<input checked="" type="checkbox"/> No, deceased lived within actual limits of Pittsburgh city or borough.	

7. SEX: Male	8. COLOR OR RACE: White	9. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10. DATE OF BIRTH: May 5, 1891	11. AGE (In years last birthday): 70	If under 1 year: Months   Days	If under 24 hours: Hours   Min.
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12. USUAL OCCUPATION (even if retired): Photographer	13. SOCIAL SECURITY NO.: 170-14-8965	14. BIRTHPLACE (State or foreign country): Pittsburgh, Penn'a.	15. CITIZEN OF WHAT COUNTRY?: U/S/A
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16. FULL NAME OF SPOUSE: Nancy Shinkle McCandless	17. MOTHER'S MAIDEN NAME: Lucy Cook
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18. FATHER'S NAME: Edward V. McCandless	19. INFORMANT'S NAME AND ADDRESS: Mrs. Nancy McCandless - 5310 Pembroke Plc. (wife)
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MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).		INTERVAL BETWEEN ONSET AND DEATH: 3 days
PART I. Death was caused by:		
IMMEDIATE CAUSE (a) Acute myocardial infarction		
DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		

PART II OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a) Pulmonary Emphysema, Bronchopneumonia		21. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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22. a. ACCIDENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	22. b. DESCRIBE HOW ACCIDENT OCCURRED	22. c. TIME OF ACCIDENT: Hour   Month   Day   Year
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22. d. ACCIDENT OCCURRED: While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)	22. f. CITY, BOROUGH, TOWNSHIP: COUNTY: STATE:
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23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 3:22 P. m., E.S.T.

a. Signature: [Signature]	M. D. PRESBYTERIAN HOSPITAL	b. Address: PITTSBURGH Pa.	c. Date signed: 8/17/61
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24. a. BURIAL CREMATION REMOVAL: <input checked="" type="checkbox"/>	24. b. DATE: Aug. 19, 1961	24. c. NAME OF CEMETERY OR CREMATORY: Herman Crematory	24. d. LOCATION (City, Boro., Twp., & County) (State): Pittsburgh, Allegheny County, Pa.
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25. DATE REC'D BY REG.: 8-19-61	25. REGISTRAR'S SIGNATURE: [Signature]	26. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: Ferguson-Wood Company - 3454 Forbes Ave, Pgh 13
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