

New York State Department of Health

78660

OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 66

Dist. No. 3100
To be inserted by registrar

| | | | | | |
|---|-------------------------------|--|---|---|--|
| 1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Putnam</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>New York</u> | | |
| b. TOWN <u>Carmel</u> | | c. LENGTH OF STAY IN TOWN, CITY OR VILLAGE <u>1 Day</u> | b. COUNTY <u>Queens</u> | | c. TOWN |
| c. CITY OR VILLAGE <u>Mohabae</u> | | | d. CITY OR VILLAGE <u>Hollis</u> | | Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| d. NAME OF (If not in hospital or institution, give street address or location) <u>Hedridge Road</u> | | | e. STREET ADDRESS <u>88-30 182nd Street</u> | | f. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or Print) <u>HARRY P. RICONDA</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15 19 58</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Mae Kiernan</u> | | |
| 9. DATE OF BIRTH <u>Mar. 17, 1897</u> | | 10. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | 11. BIRTHPLACE (State or foreign country) <u>New York, N.Y.</u> | |
| 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collector - Credit Department</u> | | | 13b. KIND OF BUSINESS OR INDUSTRY <u>Brooklyn Union Gas Company</u> | | |
| 14. FATHER'S NAME <u>Tranquillino Riconda</u> | | | 15. MOTHER'S MAIDEN NAME <u>Rimolina Salzano</u> | | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 17. SOCIAL SECURITY NO. <u>Unknown</u> | 18. INFORMANT'S NAME <u>Mrs Harry P. Riconda</u> | | |
| 19. CAUSE OF DEATH: Enter only one cause on a line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>12:50 PM</u> | | |
| Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a) | | | |
| 20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | | |
| 21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.) | | 21c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | | |
| 21d. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work at Work | | 21e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | | 21f. WHERE DID INJURY OCCUR? City or town County State | |
| 22 I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>W. S. Kelly, MD</u> | | 23b. ADDRESS <u>Carmel N.Y.</u> | | 23c. DATE SIGNED <u>11/15 19 58</u> | |
| 24a. PLACE OF BURIAL <u>Gate of Heaven Cem., Hawthorne, NY</u> | | 24b. DATE <u>Nov. 19, 19 58</u> | | 24c. SIGNATURE OF UNDERTAKER <u>Adrian Cappain</u> | |
| 25b. ADDRESS OF UNDERTAKER <u>Carmel, N.Y.</u> | | REGISTRATION NO. <u>B00592</u> | | 26a. DATE FILED BY LOCAL REG. <u>Nov. 17, 58</u> | |
| 26b. SIGNATURE OF REGISTRAR <u>John J. ...</u> | | Date of Issue <u>Nov. 17, 1958</u> | | | |

MEDICAL CERTIFICATION

Burial or Transit Permit Issued by John J. ... Date of Issue Nov. 17, 1958