

All items are to be complete and accurate.

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent ink or type-writer.

Physician last in attendance must state cause of death and sign medical certification. If no physician in attendance, health officer (or coroner, if inquest is held) must complete and sign medical certification. Power of signature cannot be delegated.

Funeral director or person disposing of body, must file certificate with local registrar within 72 hours after death and prior to transportation by common carrier or removal from state.

Form VS-002 (1-1-57)

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS									
CERTIFICATE OF DEATH									
Dist. No. <u>410</u>									
Serial No. <u>1006</u>									
1. NAME OF DECEASED (Type or print)			a. (First)	b. (Middle)	c. (Last)		2. DATE OF DEATH		
			Goldie	Pearl	Herbert		*63 0 18969 December 3, 1963		
3. PLACE OF DEATH					4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY		Raleigh			a. STATE		W. Va		
b. CITY OR TOWN		Sprague			c. CITY OR TOWN		Sprague		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS				
residence					rural				
e. IS PLACE OF DEATH INSIDE CITY LIMITS?					e. IS RESIDENCE INSIDE CITY LIMITS?			f. IS RESIDENCE ON A FARM?	
YES <input type="checkbox"/> NO <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
female	white	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	Sept. 8, 1900	63	Months	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
home maker						Bolt, W. Va		USA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME				
Eligh Griffith					Louise Allen				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY No.		17. INFORMANT'S SIGNATURE: Address				
no					Betty Hall - Sprague wife				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]									
PART I. DEATH WAS CAUSED BY:									
1551 IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Papillary Adenocarcinoma of the Stomach</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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT		SUICIDE		HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
20c. TIME OF INJURY		Month, Day, Year, Hour							
		M.							
20d. INJURY OCCURRED WHILE AT WORK		NOT WHILE AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWN		COUNTY STATE	
<input type="checkbox"/>		<input type="checkbox"/>							
21. I attended the deceased from _____, to _____ and last saw the deceased alive on _____									
Death occurred at <u>4:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title)					22b. ADDRESS			22c. DATE SIGNED	
<u>Richard Davis, M.D. ACTING CORONER</u>					<u>111 1/2 E. Main St. Beckley</u>			<u>12/5/63</u>	
23a. BURIAL, CREMATION, REGIONAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
burial		12/5/63		Calfee Cemetery		Beckley, W. Va			
24. DATE REC'D. BY LOCAL REG.		25. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE		ADDRESS		DATE	
12-16-63		<u>Mary Ann Hodson</u>		<u>P. H. Calfee, Jr.</u>		Beckley, W. Va.		12/5/63	

MEDICAL CERTIFICATION