

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Statistics in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953

(Fee for this certificate, \$3.00)

WARNING: It is illegal to duplicate this copy by photostat or photograph.

JUN 11 1980

24921

Date

No.

HVS-20143-300M-5-57 -10

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH
VITAL STATISTICS
COMMONWEALTH OF PENNSYLVANIA

Primary No. 394-360
Registered No. 1959
File No. 112199

1. PLACE OF DEATH
a. County Lehigh
b. City, Borough or Township Allentown
c. Length of stay in 1b. 3 days
d. FULL NAME (if NOT in hospital, give street address) Sacred Heart Hospital
e. Is Place of Death inside Municipality Limits? Yes No

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. State Pa.
b. County Lehigh
c. City, Borough or Township Allentown
d. Street Address or Location 2116 Sunny Ave
e. Is Residence inside Municipality Limits? Yes No
f. Is Residence on a Farm? No Yes

3. NAME OF DECEASED
a. (First) JOSEPH
b. (Middle)
c. (Last) CHURCHMAN

4. DATE OF DEATH
Date 12-29-58
Year 58
Month 29
Day 12

5. SEX M
6. COLOR OR RACE W
7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH 11-30-1976
9. AGE (in years) 82
10. FULL NAME OF SPOUSE Elizabeth Joseph
11. BIRTHPLACE (Also give state or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Joseph Joseph
14. MOTHER'S MAIDEN NAME Mary Baker
15. USUAL OCCUPATION (even if retired) Bakery - Bath Fabrics
16. Social Security No. 186-10-3029
17. INFORMANT Joseph A. Churchman
ADDRESS 2116 Sunny Ave
INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]
IMMEDIATE CAUSE (a) Myocardial Failure
CONDITIONS, if any, which gave rise to above cause (a) stating the underlying cause last. (b) DUE TO (b) etc. etc. etc. (c) DUE TO (c)

19. WAS AUTOPSY PERFORMED? Yes No

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED.
20c. Time of Injury Hour, Month, Day, Year
20d. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)
20e. INJURY OCCURRED While at work at work Not while at work

21. I hereby certify that I attended the deceased from 12-26-58 to 12-29-58, that I last saw the deceased alive on 12-29-58 and that death occurred at 9:30 a.m., E.S.T., from the causes and on the date stated above.

22a. SIGNATURE
22b. ADDRESS
22c. DATE SIGNED

23a. BURIAL CREMATION
23b. DATE
23c. NAME OF CEMETERY OR REMATORY
23d. LOCATION (City, Boro., Twp. & County) (State)
25. REGISTERAR'S SIGNATURE
26. SIGNATURE OF FUNERAL DIRECTOR
ADDRESS
12-31-58