

COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

COPY A FOR BUREAU OF VITAL STATISTICS		REGISTRATION AREA NUMBER 129	CERTIFICATE NUMBER 43	STATE FOR NUMBER 2288	
DECEDENT	1. FULL NAME OF DECEASED FRANK FRED EMMONS			2. SEX Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
	3. DATE OF DEATH Jan. 23, 1963	4. AGE OF DECEASED 72	5. STREET YEAR HOUSE	6. STREET DAY APART	
PLACE OF DEATH	6. NAME OF HOSPITAL OR INSTITUTION OF DEATH Fairfax Hospital			7. COUNTY OF DEATH Fairfax	
	8. CITY OR TOWN OF DEATH Falls Church	9. STREET ADDRESS OR PLACE OF DEATH 1601 Callows Road			
USUAL RESIDENCE OF DECEDENT	10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Maine			11. COUNTY OF DECEASED'S RESIDENCE Piscataquis	
	12. CITY OR TOWN OF RESIDENCE Milo	13. STREET ADDRESS OR PLACE OF RESIDENCE Water Street 18			
PERSONAL DATA OF DECEDENT	14. NAME OF FATHER OF DECEASED Willie Emmons		15. MOTHER NAME OF DECEASED Eva Chassee		
	16. CITIZENSHIP OF DECEASED U.S.A.	17. MARRIED MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	18. IF MARRIED OR WIDOWED, NAME OF SPOUSE Hazel M. Emmons		
	19. USUAL OR LAST OCCUPATION Gas Welder		20. EDUCATION OF DECEASED U.S. Government	21. BIRTHPLACE (State or foreign) Waterville Maine	22. DATE OF BIRTH (month, day, year) Jan. 28, 1890
	23. NAME OF DECEASED'S SPOUSE Mrs. Hazel M. Emmons		24. DATE OF DEATH OF SPOUSE		
TO PHYSICIAN: Complete and sign medical certification (lines 26 and 27) and return directly to registrar as soon as possible after determination of cause of death. NOTE: If "pending" must be indicated, so state in part 1 and notify registrar of final decision as soon as possible.	25. CAUSE OF DEATH (Give only one cause per line for ICD-9, 10, and 11. PART 1: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (in 490-70) 491 491 DUE TO (in 70-99) 491			INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (CONSIDERED GIVEN IN PART 1) Cerebral thrombosis			26a. ACCEPTED AUTHORIZED BY: <input checked="" type="checkbox"/>	
	26b. IF MARRIED, WAS THERE A PREGNANCY IN PART 2 MENTIONED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> NOTE: IF EXTERNAL CAUSE, HONEY-MOON EXEMPTION		
	26d. TIME OF RABBIT (month, day, year) A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	26e. RABBIT OCCURRED while at work <input type="checkbox"/> out while at home <input checked="" type="checkbox"/>	26f. PLACE OF RABBIT (school, home, factory, street, office, etc.) 1		
26g. CERTIFY that I am a licensed physician and that death occurred at (month, day, year) from the cause stated above. ACTUAL SIGNATURE: Kenneth W. Berger M.D. ADDRESS: (CITY AND STATE) Falls Church, Va. DATE SIGNED: 1/23/63					
FUNERAL DIRECTOR	27. FUNERAL DIRECTOR'S SIGNATURE Douglas H. ...		28. PLACE OF FUNERAL, REMOVAL, ETC. Evergreen Cemetery - Milo, Maine		
	29. REGISTERAR'S SIGNATURE Florence L. Rawland		30. DATE RECORD MADE Jan. 23, 1963		

MARRIED REMOVED FOR BUREAU OF VITAL STATISTICS
 This is a permanent record. It is not to be used for any other purpose.