

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER 157	CERTIFICATE NUMBER 28	STATE FILE NUMBER
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DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) Emma Kaelin Wenzinger					2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) Sep. 19, 1994		4. AGE 90 years		5. DATE OF BIRTH (mo.) (day) (year) Jan. 1, 1904		6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Riverside Conv. Ctr. - Mathews					8. COUNTY OF DEATH (if independent city, leave blank) Mathews	
	9. CITY OR TOWN OF DEATH Mathews					10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH Main Street, Rt. 14	
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia					12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Mathews	
	13. CITY OR TOWN OF RESIDENCE Mathews					14. STREET ADDRESS OR RT. NO. OF RESIDENCE Main Street, Rt. 14	
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER George Kaelin					16. MAIDEN NAME OF DECEDENT'S MOTHER Anna B. Fruerft	
	17. RACE OF DECEDENT White		18. OF HISPANIC ORIGIN? Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes		19. EDUCATION (Specify only highest grade completed) 12		
	20. CITIZEN OF WHAT COUNTRY U.S.A.		21. BIRTHPLACE (state or country) Pennsylvania		22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		
	24. SOCIAL SECURITY NUMBER 199-28-2730		25. USUAL OR LAST OCCUPATION Office Clerk		27. INFORMANT - OR SOURCE OF INFORMATION Carl J. Wenzinger		
CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) RESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF):					5 min.	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) GI BLEED DUE TO (OR AS A CONSEQUENCE OF):					2 wks	
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					28a. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input type="checkbox"/>	
	28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH		28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED		
	28e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.		28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>		28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)		28h. (city or town) (county) (state)
	28i. To the best of my knowledge, death occurred at _____ (a.m.) (p.m.) on the date and place and from the cause(s) stated.						
FUNERAL DIRECTOR	ACTUAL SIGNATURE → H. Toney Reed M.D.					DATE SIGNED: OCTOBER 12, 1994	
	NAME OF ATTENDING PHYSICIAN (Type or Print) H. TONEY REED M.D.					ADDRESS OF ATTENDING PHYSICIAN P.O. BOX 750, MATHEWS, VA. 23109	
REGISTRAR	29. BURIAL <input type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>		30. PLACE OF BURIAL, REMOVAL, ETC. Newport Crematorium				
	31. (Signature of funeral director or person legally filing this certificate) [Signature]		NAME OF FUNERAL HOME AND ADDRESS: R. Hayden Smith Funeral Home Hampton, Virginia				
32. (signature of registrar) Helen M. Forrest, Deputy		DATE RECORD FILED: 10-14-94					
RESERVED FOR REGISTRAR'S USE							

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter or print legibly with ball-point pen having black untracing ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.
NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.

This is to certify that this is a true and correct reproduction of the original record filed with the Mathews Department of Health, Mathews, Virginia

Date issued: 10-14-94
Helen M. Forrest, Deputy
Registrar or Deputy

(SEAL)
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Section 32.1-272, Code of Virginia, as Amended.