

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important.

HVS-20010-300M-12-52 10

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

File No. **98577**  
 Registered No. **228**

Primary Dist. No. **3160-285**

1. PLACE OF DEATH a. COUNTY <b>Huntingdon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Pa</b> b. COUNTY <b>Huntingdon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Huntingdon</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Huntingdon</b>	
OR BOROUGH <b>Huntingdon</b>		OR BOROUGH <b>Huntingdon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>J.C. Blair Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1018 - Wash. St</b>	
3. NAME OF DECEASED (Type or Print) <b>Anthony Orville Dell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 10, 1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 27, 1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
13. FATHER'S NAME <b>Henry S. Dell</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Bard</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, complete reverse side of certificate)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension</b> DUPLICATE <b>Heart Hemiplegia</b> DUPLICATE <b>Cerebrovascular accident</b> DUPLICATE <b>Hypertensive intracerebral hemorrhage</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Nov. 10, 1956</b> to <b>Nov. 10, 1956</b> , that I last saw the deceased alive on <b>Nov. 10, 1956</b> , and that death occurred at <b>5:20 p.m. E.S.T.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert J. McClain</b>		23b. ADDRESS <b>523 Fern St. Huntingdon Pa</b>	
23c. DATE SIGNED <b>11-10-56</b>		23d. M.D. or D.O.	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/14/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Monroe Valley Cem.</b>	24d. LOCATION (Town, township and county) (State) <b>Cromwell Twp. Hunt. Co. Pa</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Nov 13, 1956 Mrs. Myra O. Wiley</b>		25. SIGNATURE OF FUNERAL DIRECTOR ADDRESS <b>Robert J. McClain Cassville Pa</b>	