

CERTIFICATE OF DEATH

State of Delaware

DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC HEALTH

BUREAU OF  
VITAL STATISTICS

3176

LOCAL REG. NO. W 1533 STATE FILE NO.

1. PLACE OF DEATH A. COUNTY <u>New Castle</u> DELAWARE		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE <u>Delaware</u> B. COUNTY <u>N.C.</u>	
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE NEAREST TOWN) <u>Wilmington</u>		C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE NEAREST TOWN) <u>Newark</u>	
D. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL GIVE STREET ADDRESS) <u>St. Francis Hospital</u>		D. STREET ADDRESS <u>102 Marta Drive</u>	
E. IS PLACE WITHIN CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E. IS RESIDENCE WITHIN CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) FIRST <u>Harvey</u> MIDDLE <u>H.</u> LAST <u>Reynolds</u>	4. DATE OF DEATH MONTH <u>August</u> DAY <u>29</u> YEAR <u>1979</u>
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5. SEX <u>Male</u>	6. RACE <u>Cauc.</u>	7. MARITAL STATUS NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. SOCIAL SECURITY NUMBER <u>195-05-4319</u>	9. USUAL OCCUPATION - KIND OF WORK, RETIRED, ETC. <u>Ret. U of Del. Food Service USA</u>	10. CITIZEN OF WHAT COUNTRY <u>USA</u>
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11. DATE OF BIRTH <u>2-11-1903</u>	12. AGE (LAST BIRTHDAY) <u>76</u>	13. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) <u>Rising Sun, Md.</u>	14. WAS DECEASED EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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15. FATHER'S NAME <u>James F. Reynolds</u>	16. MOTHER'S NAME <u>Ella Pierce Reynolds</u>
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17. NAME OF SPOUSE <u>Claire M. Reynolds</u>	18. INFORMANT <u>Claire M. Reynolds</u>
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19. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) PART 1 - DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) <u>[REDACTED]</u> CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>[REDACTED]</u> DUE TO (C) <u>[REDACTED]</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4-12</u>
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PART 2 - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (A) <u>Aneurysm</u>	20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? IF EITHER NOTIFY MED. EX.	22. DESCRIBE HOW INJURY OCCURRED.
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23. TIME OF INJURY HOUR <u>M</u> MONTH <u>M</u> DAY <u>29</u> YEAR <u>1979</u>	24. INJURY OCCURRED WHILE AT WORK? YES <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	25. PLACE OF INJURY HOME, FACTORY, STREET, ETC. CITY OR TOWN STATE
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26. I CERTIFY THAT I ATTENDED THE DECEASED FROM <u>19 75</u> TO <u>Aug. 29 19 79</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Aug. 29 19 79</u> AND DEATH OCCURRED AT <u>5:45A</u> M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.	PHYSICIAN'S ACTUAL SIGNATURE <u>B. A. Manubay</u> PHYSICIAN'S NAME (TYPE OR PRINT) <u>B. A. Manubay, M.D.</u> PHYSICIAN'S ADDRESS <u>Wilm., Del.</u> DATE SIGNED <u>August 29, 1979</u>
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27. BURIAL, CREMATION, OTHER (SPECIFY) <u>Burial</u>	28. DATE THEREOF <u>9-1-1979</u>	29. FUNERAL DIRECTOR'S ACTUAL SIGNATURE <u>William J. Newark</u>
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29. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>	32. FUNERAL DIRECTOR'S ADDRESS <u>121 West Park Place, Newark, Delaware</u>
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30. LOCATION (CITY, TOWN, OR COUNTY) STATE <u>Wawa, Pennsylvania</u>	33. DATE RECEIVED BY REGISTRAR <u>AUG 30 1979</u>	34. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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funeral director, page 3 should be detached for use as the burial-transit permit. When please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL CERTIFICATION