

COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS — RICHMOND

COPY A

FOR BUREAU OF
VITAL STATISTICS

	REGISTRATION AREA NUMBER 211	CERTIFICATE NUMBER 331	STATE FILE NUMBER 68 013849		
DECEDENT	1. FULL NAME OF DECEASED (first) (middle) (last) James M. Zattiero Sr.				2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>
	3. DATE OF DEATH (mo.) (day) (year) 5-4-1968	4. AGE OF DECEASED 58 years	IF UNDER 1 YEAR months days	IF UNDER 1 DAY hours minutes	5. COLOR OR RACE White
PLACE OF DEATH	6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Dixie Hospital		7. COUNTY OF DEATH (if independent city, leave blank)		
	8. CITY OR TOWN OF DEATH (if rural, so state) Hampton	inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH Victoria Blvd.		
USUAL RESIDENCE OF DECEDENT	10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia		11. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)		
	12. CITY OR TOWN OF RESIDENCE Hampton 23363	inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	13. STREET ADDRESS OR RT. NO. OF RESIDENCE 57 N. Willard Ave.		
PERSONAL DATA OF DECEDENT	14. NAME OF FATHER OF DECEASED Marshal Zattiero		15. MAIDEN NAME OF MOTHER OF DECEASED Elizabeth Depaul		
	16. DECEASED CITIZEN OF WHAT COUNTRY U.S.A.	17. 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 Maxine L. Zattiero		
		20. IF VETERAN, name war, or if peacetime only, so state W.W. II	21. BIRTHPLACE OF DECEASED (state or country) Pittsburgh, Pa.	22. DATE OF BIRTH (mo.) (day) (year) OF DECEASED 4-8-1910	
	23. USUAL OR LAST OCCUPATION barber	24. KIND OF BUSINESS OR INDUSTRY self-employed	25. INFORMANT — OR SOURCE OF INFORMATION Maxine L. Zattiero		
TO PHYSICIAN: Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause. NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY:				
	IMMEDIATE CAUSE (A) Coronary Occlusion				hour
	DUE TO (B) Hypertension				6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)				26a. AUTOPSY? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	26c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER	26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)			
26e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	26h. (city or town) (county) (state)		
26i. I CERTIFY that I attended the deceased from May 4, 1968 to May 4, 1968 and that death occurred at 5:55 AM (AM) (PM) from the cause stated above					
ACTUAL SIGNATURE L. W. Wood	ADDRESS: (CITY AND STATE) M.D. 158 Mallory Hampton		DATE SIGNED: 5-6-68		
FUNERAL DIRECTOR	27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Oakland Cemetery Hampton, Virginia			
	29. (signature of funeral director or person acting as such) L. B. Burgess Jr.		NAME OF FUNERAL HOME AND ADDRESS: Lawrence B. Wood Hampton, Virginia		
REGISTRAR	30. (signature of registrar) Susie D. Huffman		DATE RECORD FILED: MAY 9 1968		
			DEPUTY REGISTRAR		

MARGIN RESERVED FOR BINDING
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