

PRIMARY

DIST. NO. 07001-087

CORONER'S CERTIFICATE OF DEATH

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1. DEATH OCCURRED IN:		a. County Blair	b. City or borough Altoona	2. DECEASED'S MAILING ADDRESS 405 - 22nd. Avenue		a. Street address, R.D., or Box Number	
c. If death did not occur in city or borough, give name of township (Do not use R.D. or Box Number)				b. Post Office, Zone, and State Altoona, Pa.			
d. Full Name of Hospital or Institution (If not in hospital, give street address) 405 22nd. Ave				3. VETERAN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. Which War World War 2 b. Serial No. 33245632	
4. NAME OF DECEASED (Type or print)			a. (First) Henry	b. (Middle) Bernard	c. (Last) Pavone	5. DATE OF DEATH May 14 1963	
6. WHERE DID DECEASED ACTUALLY LIVE?				c. Did deceased live in a township?			
a. State Penna. b. County Blair				<input type="checkbox"/> Yes, deceased lived in _____ township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of Altoona city or borough.			
7. SEX Male	8. COLOR OR RACE White	9. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		10. DATE OF BIRTH Dec. 25 1904	11. AGE (In years last birthday) 58	If under 1 year Months 4 Days 19	If under 24 hours Hours 19 Min.
12. USUAL OCCUPATION (even if retired) Contract Mason		13. SOCIAL SECURITY NO. 162-12-3163		14. BIRTHPLACE (State or foreign country) Amsbry, Pa.		15. CITIZEN OF WHAT COUNTRY? USA	
16. FULL NAME OF SPOUSE Never Married				17. MOTHER'S MAIDEN NAME Elizabeth Dandrea			
18. FATHER'S NAME Edward S. Pavone				19. INFORMANT'S NAME AND ADDRESS Mrs. Isabelle Schreiber, Washington, 4439 Wheeler, Rd.			
20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c). PART I. Death was caused by: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH Instant	
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease given in Part I (a).						21. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
22. a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		22. b. DESCRIBE HOW INJURY OCCURRED			22. c. TIME OF INJURY Hour _____ m. _____ E.S.T.		
22. d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		22. e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)		22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE			
23. I hereby certify that investigation of the death of the above named deceased resulted in the findings here stated, and that time of death is estimated as 9.00 P m. E.S.T., on the date stated above.							
a. Signature of coroner <i>[Signature]</i>				b. Address 1222 25th Ave Altoona Pa.		c. Date signed May 16 1963	
24. a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24. b. DATE 5/18/63		24. c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24. d. LOCATION (City, Boro., Twp., & County) (State) Altoona, Blair, Pa.	
25. DATE REC'D BY REG. 5-17-1963		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <i>[Signature]</i> 425 Bth Ave Altoona Pa.		