

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 102185Primary Dist. No. 371-351Registered No. 180

1. PLACE OF DEATH			2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)		
a. County <u>LAWRENCE</u>			a. State <u>PENNA</u> b. County <u>LAWRENCE</u>		
b. City, Borough or Township <u>ELLWOOD CITY</u>		c. Length of stay in 1b. <u>43 YRS.</u>	c. City, Borough or Township <u>ELLWOOD CITY</u> <u>371</u>		
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION <u>ELLWOOD CITY HOSP.</u>			d. Street Address or Location <u>912 CRESCENT AVE.</u>		
e. Is Place of Death Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			e. Is Residence Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>DEMETRIO</u>			b. (Middle) <u>PARASCENZO</u>		
c. (Last) <u>PARASCENZO</u>			OF DEATH <u>NOV 7 1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 8 1890</u>	9. AGE (in years last birthday) <u>67</u>	If under 1 year Months Days Hours Min.
10. FULL NAME OF SPOUSE <u>DENA DE PAUL PARASCENZO</u>			11. BIRTHPLACE (Also give state or foreign country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. FATHER'S NAME <u>ANTHONY PARASCENZO</u>			14. MOTHER'S MAIDEN NAME <u>CONCETTA</u>		
15. USUAL OCCUPATION (even if retired) <u>STONE MASON.</u>		16. Social Security No.. <u>070-10-8939</u>	17. INFORMANT ADDRESS <u>MARINO PARASCENZO ELLWOOD CITY PA.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]					INTERVAL BETWEEN ONSET AND DEATH
PART I. Death was caused by:					
IMMEDIATE CAUSE (a) <u>Carcinoma of lung</u>					<u>6 months</u>
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					<u>163X</u>
PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]					19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED.		20c. Time of Injury Hour, m., E.S.T. Month, Day, Year	
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)		20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE	
21. I hereby certify that I attended the deceased from <u>OCT. 25</u> , 19 <u>57</u> , to <u>NOV. 7</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>NOV. 7</u> , 19 <u>57</u> , and that death occurred at <u>2:45 P.M.</u> , E.S.T., from the causes and on the date stated above.					
22a. SIGNATURE <u>Milton L. Caplan M.D.</u>			22b. ADDRESS <u>Ellwood City Pa</u>		22c. DATE SIGNED <u>11/10/57</u>
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		23b. DATE <u>11/10/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOCUST GROVE CEM.</u>		23d. LOCATION (City, Boro., Twp. & County) (State) <u>NO. SENWICKLEY TWP PA</u>
24. DATE REC'D BY REG. <u>11-9-57</u>		25. REGISTRAR'S SIGNATURE <u>Mrs Pearl J. Beatrice</u>		26. SIGNATURE OF FUNERAL DIRECTOR ADDRESS <u>P.O. Contrucci Ellwood City Pa.</u>	