

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
File No. **21422**Primary Dist. No. **070-087**

CORONER'S CERTIFICATE OF DEATH

Registered No. **321**

1. PLACE OF DEATH, OR PLACE, WHERE BODY WAS FOUND		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)	
a. County BLAIR	b. CITY, BOROUGH, OR TOWNSHIP ALTOONA	a. State Penna	b. County Blair
c. LENGTH OF STAY IN 1b. IF KNOWN 60 yr.		c. City, Borough or Township Altoona	
d. STREET ADDRESS OR LOCATION 405-22ND AVE		d. Street Address or Location 405-22nd Avenue	
e. NAME OF HOSPITAL OR INSTITUTION, IF APPLICABLE		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	
a. (First) ELIZABETH	b. (Middle)	c. (Last) PAVONE	(Month) MAR	(Day) 22
(Year) 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 20, 1885	9. AGE (In years last birthday) 71
10. FULL NAME OF SPOUSE Edward Pavone			11. BIRTHPLACE (Also give state or foreign country) Udene Italy	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Dandrea			14. MOTHER'S MAIDEN NAME Anna Dandrea	
15. USUAL OCCUPATION (even if retired) At Home	16. Social Security No. --		17. INFORMANT Francis E. Pavone	
			ADDRESS 405-22nd Ave Altoona Pa	

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) ACUTE CORONARY OCCLUSION			40 MIN
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b)		4201
	DUE TO (c)		
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 checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a view or inquest was held upon the body of the above named deceased on **MAR 22**, 19**57**, and that death occurred at **7:30 A.M.**, E.S.T., from the causes and on the date stated above.

22a. SIGNATURE OF CORONER William J. Crawford	22b. ADDRESS 1227-25th Ave Altoona	22c. DATE SIGNED Mar 22-1957
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	23b. DATE 3-25-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, Boro., Twp. & County) (State) Altoona Pa	24. DATE REC'D BY REG. Mar. 23, 1957	25. REGISTRAR'S SIGNATURE Leon S. Miller
26. SIGNATURE OF FUNERAL DIRECTOR Vincent J. Stevens	ADDRESS 1304 6 Ave Altoona Pa	