

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICSFile No. **42392**Primary
Dist. No. **0721-87**

CERTIFICATE OF DEATH

Registered No. **514**

1. PLACE OF DEATH				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)			
a. County		Blair		a. State		Penna	
b. City, Borough or Township		Altoona		b. County		Blair	
c. Length of stay in 1b.				c. City, Borough or Township		Altoona	
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION				d. Street Address or Location			
405 22nd Ave. Home				405 22nd Avenue			
e. Is Place of Death Inside Municipality Limits?				e. Is Residence Inside Municipality Limits?		f. Is Residence on a Farm?	
Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		a. (First)		b. (Middle)		c. (Last)	
		Edward		Sylvester		Pavone	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		May		23		1956	
5. SEX		6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
M		White		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Aug. 3, 1875	
						9. AGE (in years last birthday)	
						80	
10. FULL NAME OF SPOUSE				11. BIRTHPLACE (Also give state or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Elizabeth Dandrea				Udine Italy		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Antonio Pavone				Marie Parvone			
15. USUAL OCCUPATION (even if retired)			16. Social Security No..		17. INFORMANT ADDRESS		
Stone Cutter					Henry B Pavone, 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:							3-4 yrs
IMMEDIATE CAUSE (a) <i>Intermittent Heart Disease</i>							
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.							4200
DUE TO (b) _____							
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 SUICIDE HOMICIDE			20b. DESCRIBE HOW INJURY OCCURRED.			20c. Time of Injury	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						Hour, m. E.S.T.	
20d. INJURY OCCURRED		20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)		20f. CITY, BOROUGH, TOWNSHIP		COUNTY STATE	
While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				Altoona, Pa		Blair Penna	
21. I hereby certify that I attended the deceased from <i>5/23</i>, 19 <i>56</i> , to <i>5/23</i>, 19 <i>56</i> that I last saw the deceased alive on <i>5/23</i>, 19 <i>56</i> and that death occurred at <i>11:48</i> m, E.S.T., from the causes and on the date stated above.							
22a. SIGNATURE			22b. ADDRESS			22c. DATE SIGNED	
<i>M. J. Goldsky, M.D.</i>			Altoona, Pa			5/25/56	
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, Boro., Twp. & County) (State)	
REMOVAL <input type="checkbox"/>		5/26/1956		Calvary Cemetery		Altoona Blair Penna	
24. DATE REC'D BY REG.		25. REGISTRAR'S SIGNATURE			26. SIGNATURE OF FUNERAL DIRECTOR		ADDRESS
May 25, 1956		Lena S. Miller			<i>Howard J. Jones</i>		1301 6th Ave Altoona, Pa.