

# CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK      HOLD TO LIGHT TO VIEW

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## COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

### CERTIFICATE OF DEATH

#### COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

Registration District No. 0860 Registered No. 47

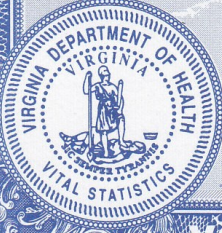
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1. PLACE OF DEATH a. COUNTY <u>Smyth</u>		b. MAGISTERIAL DISTRICT <u>Town of Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Virginia</u>		b. COUNTY <u>Wythe</u>	
c. CITY OR TOWN <u>Marion</u>		d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN <u>Max Meadows</u>		d. IS RESIDENCE INSIDE CITY OR TOWN LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. HOSPITAL OR INSTITUTION <u>Southwestern State Hospital</u>		f. LENGTH OF STAY <u>2Y 6M 9D</u>		e. STREET ADDRESS (If rural, give mailing address) <u>198</u>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u>		b. (Middle) <u>Ella</u>		c. (Last) <u>Malone</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 25, 1960</u>	
5. SEX <u>Female</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>August 29, 1895</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Posey Lonzo Hagy</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Williams</u>		17. INFORMANT'S SIGNATURE <u>RECORDS - SOUTHWESTERN STATE HOSPITAL, MARION, VIRGINIA</u>			
15. NAME OF HUSBAND OR WIFE OF DECEASED <u>George Washington Malone</u>		16. SOCIAL SECURITY NO.		17. ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)							
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)		<u>Myocardial failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>42 hours</u>	
DUE TO (b) <input checked="" type="checkbox"/>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.]	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>10-15-57</u> to <u>2-25-60</u> and last saw <sup>her</sup> <del>him</del> alive on <u>February 25, 1960</u> Death occurred at <u>6:35 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James C. Blair, M.D.</u>		22b. ADDRESS <u>Marion, Virginia</u>		22c. DATE SIGNED <u>2-25-60</u>			
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 28, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens - Groseclose, Va.</u>		23d. LOCATION (City, town or county) (State)	
DATE REC'D BY LOCAL REG. <u>Feb 29, 1960</u>		REGISTRAR'S SIGNATURE <u>Mrs. W. Weindel</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>D. Lee Barnett</u>		ADDRESS <u>Wytheville, Va.</u>	

VOID IF ALTERED OR ERASED

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MEDICAL CERTIFICATION



This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED **March 21, 2014**

*Janet M. Rainey*  
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

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VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED