

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

5987329

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

REGISTRATION AREA NUMBER <i>221</i>	CERTIFICATE NUMBER <i>189</i>	STATE FILE NUMBER <i>65 034161</i>
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1. FULL NAME OF DECEASED <i>GEORGE WASHINGTON MALONE</i> <small>(first) (middle) (last)</small>			2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
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3. DATE OF DEATH <i>Dec. 29, 1965</i> <small>(mo.) (day) (year)</small>	4. AGE OF DECEASED <i>80</i> years	IF UNDER 1 YEAR months days	IF UNDER 1 DAY hours minutes	5. COLOR OR RACE <i>White</i>
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6. NAME OF HOSPITAL OR INSTITUTION OF DEATH <i>Radford Community</i> <small>(if name, so state)</small>	7. COUNTY OF DEATH <i>Montgomery</i>
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8. CITY OR TOWN OF DEATH <i>Radford</i> <small>(if rural, so state)</small>	inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH
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10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE <i>Virginia</i>	11. COUNTY OF DECEASED'S RESIDENCE <i>Pulaski 177</i>
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12. CITY OR TOWN OF RESIDENCE <i>Dublin</i> <small>(if rural, so state)</small>	inside city or town limits? yes <input type="checkbox"/> no <input type="checkbox"/>	13. STREET ADDRESS OR RT. NO. OF RESIDENCE <i>R. F. D. #1, Box 58-C</i>
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14. NAME OF FATHER OF DECEASED <i>Buck Malone</i>	15. MAIDEN NAME OF MOTHER OF DECEASED
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16. CITIZEN OF WHAT COUNTRY <i>United States</i>	17. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	18. IF MARRIED OR WIDOWED, NAME OF SPOUSE <i>Barbara Ella Hagy Malone</i>
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19. SOCIAL SECURITY NUMBER <i>223-30-9290</i>	20. IF VETERAN, name war, or if peacetime only, so state <i>no</i>	21. BIRTHPLACE OF DECEASED (state or country) <i>Bristol, Tenn.</i>	22. DATE OF BIRTH (mo.) (day) (year) OF DECEASED <i>Dec. 20, 1885</i>
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23. USUAL OR LAST OCCUPATION <i>Gardner - retired</i>	24. KIND OF BUSINESS OR INDUSTRY	25. INFORMANT - OR SOURCE OF INFORMATION <i>Mrs. Lawrence Haga</i>
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26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I - DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>months</i>
IMMEDIATE CAUSE (A)	<i>Carcinomatosis Abdominal</i>	
DUE TO		
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.		
DUE TO		
(C)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)	26a. AUTOPSY? yes <input type="checkbox"/> no <input type="checkbox"/>	AUTHORIZED BY:
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26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	26c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER	26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)
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26e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.	26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	26h. (city or town) (county) (state)
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26i. I CERTIFY that I attended the deceased from <i>1964</i> to <i>29 Dec 65</i> and that death occurred at <i>9:10</i> (PM) from the cause stated above	
ACTUAL SIGNATURE <i>Blake Fawcett</i>	ADDRESS: (CITY AND STATE) DATE SIGNED: <i>M.D. Radford, Va. 30 Dec 65</i>

27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) <i>Sunset Memorial Gardens, Rural Retreat, Va.</i>
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29. Signature of funeral director or person acting as such <i>A. L. Barnett</i>	NAME OF FUNERAL HOME AND ADDRESS: <i>BARNETT'S FUNERAL HOME WYTHEVILLE, VIRGINIA</i>
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30. Signature of Registrar <i>Lois Jean Farmer</i>	DATE RECORD FILED: <i>1/10/66</i>
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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 **May 7, 2014**

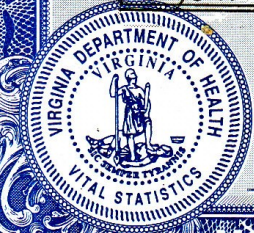
Janet M. Rainey
Janet M. Rainey, State Registrar

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.

VS 15B

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED