

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

5987328

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

REGISTRATION AREA NUMBER 180 CERTIFICATE NUMBER 350 STATE FILE NUMBER 07-037458

1. FULL NAME OF DECEDENT (first, middle, last) HAZEL MALONE PAULEY 2. SEX male female [X]
3. DATE OF DEATH (mo., day, year) JULY 30, 2007 4. AGE 95 years IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes
5. DATE OF BIRTH (mo., day, year) NOV. 16, 1911 6. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X]
7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) BERKSHIRE HEALTH CARE CENTER DOA Out Pat. Emer Rm Inpatient [X]
8. COUNTY OF DEATH (if independent city, leave blank) ROANOKE
9. CITY OR TOWN OF DEATH VINTON inside city or town limits? yes [X] no
10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 705 CLEARVIEW DRIVE
11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE VIRGINIA 12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) ROANOKE
13. CITY OR TOWN OF RESIDENCE VINTON inside city or town limits? yes [X] no 14. STREET ADDRESS OR RT. NO. OF RESIDENCE 705 CLEARVIEW DRIVE ZIP CODE 24179
15. NAME OF DECEDENT'S FATHER GEORGE WASHINGTON MALONE 16. MAIDEN NAME OF DECEDENT'S MOTHER BARBARA ANN HAGY
17. RACE OF DECEDENT CAUCASIAN 18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. [X] no [] yes
19. EDUCATION (Specify only highest grade completed) 5 Elementary/Secondary (0-12) College (1-4 or 5+)
20. COUNTRY OF WHAT COUNTRY U.S. 21. BIRTHPLACE (state or country) VIRGINIA 22. NEVER MARRIED [] DIVORCED [] 23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced, leave blank) WARREN HARDING PAULEY
24. SOCIAL SECURITY NUMBER 224-24-0350 25. USUAL OR LAST OCCUPATION EMPLOYEE 26. KIND OF BUSINESS OR INDUSTRY R.A.A.P. 27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP PATSY FARISS, DAUGHTER

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DUE TO, OR AS A CONSEQUENCE OF, Cerebral Palsy in itself. (B) DUE TO, OR AS A CONSEQUENCE OF: (C)
28a. AUTOPSY? AUTHORIZED BY: [] yes [] no

28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes [] no [] unknown [] 28c. IF EXTERNAL CAUSE, IT WAS PRIMARY [] or CONTRIBUTING [] TO CAUSE OF DEATH 28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
28e. TIME OF INJURY (mo., day, year) 28f. INJURY OCCURRED while at work [] not while at work [] 28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) 28h. (city or town) (county) (state)

To the best of my knowledge, death occurred at 10:35 pm on the date and place and from the cause(s) stated.
ACTUAL SIGNATURE [Signature] DATE SIGNED: 9/7/07
NAME OF ATTENDING PHYSICIAN (Type or Print) M. Cam Henderson ADDRESS OF ATTENDING PHYSICIAN 705 Clearview Drive Vinton VA 24172
29. BURIAL REMOVAL CREMATION [X] [] [] 30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) HIGHLAND MEMORY GARDENS (city or county) DUBLIN (state) VA
31. (Signature of funeral director or person filing this certificate) STANLEY W. STEVENS NAME OF FUNERAL HOME AND ADDRESS: STEVENS FUNERAL HOME, INC. PULASKI, VA 24301
32. Signature of registrar Kathy Clemons Deputy DATE RECORD FILED: 9/7/07

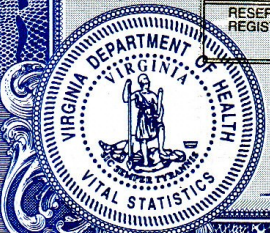
RESERVED FOR REGISTRARS USE: I hereby certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia

DATE ISSUED May 7, 2014 Janet M. Rainey, 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

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VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED