CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

Registration District No. **0860**   Registered No. **6**   **2699**

1. PLACE OF DEATH

a. COUNTY	b. MAGISTERIAL DISTRICT
Smyth	Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE	b. COUNTY
Virginia	Wythe

c. CITY OR TOWN: Marion   d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? YES ☒ NO ☐

c. CITY OR TOWN: Wytheville **0980**   d. IS RESIDENCE INSIDE CITY OR TOWN LIMITS? YES ☐ NO ☒

e. HOSPITAL OR INSTITUTION: Marion General Hospital   f. LENGTH OF STAY:

e. STREET ADDRESS (If rural, give mailing address): RFD#4, Wytheville   f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or Print):
a. (First) OAKLEY   b. (Middle) LeROY   c. (Last) WILLARD

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1958

5. SEX	6. COLOR OR RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR — Months / Days	IF UNDER 24 HRS. — Hours / Mins.
Male	White		Feb. 26, 1907	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter Radford	Arsenal	Wythe County, Va.	U.S.A.

13. FATHER'S NAME: Oakley Willard

14. MOTHER'S MAIDEN NAME: Francis Willard

15. NAME OF HUSBAND OR WIFE OF DECEASED	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE
Dela M. Earles Willard	223-12-1856	Mrs. O. L. Willard

ADDRESS: R#4, Box 34, Wytheville, Va.

18. 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
IMMEDIATE CAUSE (a)	Cerebral vascular accident.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Suspected calculus cholecystitis.	
DUE TO (c)	584	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐

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 **1-3-58** to **1-6-58** and last saw ~~him~~ her alive on **1-6-58** m on the date stated above; and to the best of my knowledge, from the causes stated.

Death occurred at **12:10 AM**

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Benjamin S. Perkins, MD	Marion, Va.	1-11-58

22a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
Burial	Jan. 9, 1958	Mt. View Cemetery	Rural Retreat, Va.

DATE REC'D BY LOCAL REG.: Jan. 15, 1958

REGISTRAR'S SIGNATURE: Mrs. W. J. Weindel, Marion, Va.

24. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BARNETT FUNERAL HOME, WYTHEVILLE, VIRGINIA