VSH-PHD-S-79

LOCAL FILE NUMBER
248

VERMONT DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
87-003140

DECEASED—NAME (1) First: PHYLLIS Middle: C. Last: ELY

(2) SEX: F

(3) DATE OF DEATH (Month, Day, Year): 8/14/87

(4) RACE—(White, Black, American Indian, Etc.) (Specify): WHITE

(5A) AGE LAST BIRTH DAY (Years): 81

(5B) UNDER 1 YEAR — MOS. / DAYS

(5C) UNDER 1 DAY — HOURS / MIN.

(6) DATE OF BIRTH (Month, Day, Year): Nov 20 05

(7A) COUNTY OF DEATH: BENNINGTON

(7B) CITY, TOWN OF DEATH: BENNINGTON

(7C) HOSPITAL OR OTHER INSTITUTION (If not in either) (Name and Number): SOUTHWESTERN VERMONT MED CENTER

(7D) IF HOSPITAL OR INSTITUTION: ☐ Inpat ☑ ER ☐ DOA

(8) STATE OF BIRTH (If not in U.S.A.): PENN.

(9) CITIZEN OF WHAT COUNTRY?: USA

(10) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

(11) SURVIVING SPOUSE (If wife, give maiden name):

(12) SOCIAL SECURITY NO.: 088505626

(13A) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

(13B) BUSINESS OR INDUSTRY: School

(14) VETERAN? (If so, what war?): No

(15A) ACTUAL RESIDENCE — STATE: N.Y.

(15B) COUNTY: RENSSELAER

(15C) CITY, TOWN: HOOSICK

(15D) MAILING ADDRESS, INC. ZIP: HOOSICK N.Y. 12089

(16) FATHER—NAME — First / Middle / Last: WALTER CANTELO

(17) MOTHER—MAIDEN NAME — First / Middle / Last: MARY JAMES

(18A) INFORMANT—NAME: MARY HAGANDORN

(18B) MAILING ADDRESS (Street, R F D No., City or Town, State, Zip Code): HOOSICK NY 12090

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), and (C).)

(19) IMMEDIATE CAUSE
(A) CARDIORESPIRATORY ARREST — DUE TO, OR AS A CONSEQUENCE OF
(B) — DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS IF ANY GIVING RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in Part I (A)): SEVERE ANEMIA

(19D) HOSPITALIZED IN LAST 6 MONTHS? ☑ YES ☐ NO

(19E) SURGERY IN LAST 6 MONTHS? YES ☐ NO ☑

(20A) AUTOPSY YES ☐ NO ☑ — IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 20B ☐ YES ☐ NO

(21A) ☑ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undet ☐ Pending

(21B) DATE OF INJURY (Month, Day, Year)

(21C) HOUR

(21D) HOW DID INJURY OCCUR (Enter nature of injury in Part I or Part II)

(21E) INJURY AT WORK (Specify Yes or No)

(21F) PLACE OF INJURY (At Home, Farm, Factory, Street, Office Bldg., etc.) (Specify)

(21G) LOCATION (Street, or R F D No., City or Town, State)

TO THE BEST OF MY KNOWLEDGE, ON THE BASIS OF THE CASE HISTORY, EXAMINATION AND/OR INVESTIGATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO CAUSE(S) STATED

☑ Staff phys ☐ Attend. phys ☐ Pathologist ☐ Med. Examiner

(22A) (Signature): Frank J. Vranch

(22B) NAME & ADDRESS OF CERTIFIER (Type or Print): FRANK J. VRANCH

(23A) DATE SIGNED (Mo., Day, Yr.): 8/18/87

(23B) HOUR OF DEATH: 1025 PM 8/14/87

(23C) PRONOUNCED DEAD ON (Date): 8/14/87 (Time): 1025 PM

(24) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

(25A) BURIAL, CREMATION, REMOVAL (Specify): BURIAL

(25B) CEMETERY OR CREMATORY—Name: HOOSICK CEMETERY

(25C) LOCATION (City or Town, State): HOOSICK N.Y.

(25D) DATE (Month, Day, Year): AUG 19-1987

(26A) FUNERAL HOME—Name (Street or R F D No., City or Town, State, Zip Code): MAHAR FUNERAL HOME 43 MAIN ST HOOSICK FALLS NY 12090

(26B) FUNERAL DIRECTOR—Signature: Christopher E. Mahar

(27A) REGISTRAR—Signature: Mary Hotchkiss

(27B) DATE RECEIVED—By local registrar (Month, Day, Year): 8/19/87

(28A) TRUE COPY ATTEST (Clerk) Signature: Mary Hotchkiss

(28B) TOWN OF: BENNINGTON

(28C) DATE (Month, Day, Year): SEP 9 1987

*NOT REQUIRED BY REGISTRAR ON COPY ONLY