

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

**COPY A
FOR BUREAU OF
VITAL STATISTICS**

REGISTRATION AREA NUMBER 231	CERTIFICATE NUMBER 274	STATE FILE NUMBER 21834
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DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last) **MAY ELVA HILL STICKEL**

2. SEX male female

3. DATE OF DEATH (mo) (day) (year) **JULY 29, 1962**

4. AGE OF DECEASED **83** years

IF UNDER 1 YEAR: months _____ days _____

IF UNDER 1 DAY: hours _____ minutes _____

5. COLOR OR RACE **WHITE**

PLACE OF DEATH

6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) **WINCHESTER MEMORIAL HOSPITAL**

7. COUNTY OF DEATH **FREDERICK**

8. CITY OR TOWN OF DEATH (if rural, so state) **WINCHESTER** inside city or town limits? no

9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH **S. STEWART STREET**

USUAL RESIDENCE OF DECEDENT

10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE **VIRGINIA**

11. COUNTY OF DECEASED'S RESIDENCE **FREDERICK**

12. CITY OR TOWN OF RESIDENCE **WINCHESTER** inside city or town limits? no

13. STREET ADDRESS OR RT. NO. OF RESIDENCE **619 S. CAMERON STREET**

PERSONAL DATA OF DECEDENT

14. NAME OF FATHER OF DECEASED **WILLIAM A. HILL**

15. MAIDEN NAME OF MOTHER OF DECEASED **MARY STICKEL**

16. CITIZEN OF WHAT COUNTRY **U. S. A.**

17. MARRIED NEVER MARRIED
WIDOWED DIVORCED

18. IF MARRIED OR WIDOWED, NAME OF SPOUSE **ROBERT LEE STICKEL**

19. IF VETERAN, name war, or if peacetime only, so state **NONE**

20. BIRTHPLACE OF DECEASED (state or country) **WISCONSIN**

21. DATE OF BIRTH (mo) (day) (year) **OCT. 16, 1878**

22. USUAL OR LAST OCCUPATION **TEACHER**

23. KIND OF BUSINESS OR INDUSTRY **TEACHER**

24. INFORMANT - OR SOURCE OF INFORMATION **ROBERT LEE STICKEL, WINCHESTER**

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (A) **Hypostatic Pneumonia**

DUE TO (B) **Arteriosclerotic Heart Disease**

DUE TO (C) **Generalized Arteriosclerosis** **4200**

INTERVAL BETWEEN ONSET AND DEATH **2 days**

26a. AUTOPSY? yes no

AUTHORIZED BY: _____

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

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes no unknown

26c. IF EXTERNAL CAUSE, IT WAS PRIMARY or CONTRIBUTING 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)

26e. TIME OF INJURY (mo) (day) (year) _____ A.M. _____ P.M.

26f. INJURY OCCURRED while at work not while at work

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) _____

26h. (city or town) (county) (state) _____

26i. I CERTIFY that I attended the deceased from **2-20-61** to **7-29-62** and that death occurred at **4:45** (AM) (PM) from the cause stated above (address - city and state) (date signed)

ACTUAL SIGNATURE **Harvey E. Melton** **M.D. 219 Amherst Street, Winchester, Virginia**

FUNERAL DIRECTOR

27. BURIAL REMOVAL CREMATION

28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) **MOUNT HEBRON CEMETERY WINCHESTER VIRGINIA**

29. (signature of funeral director or person acting as such) **Harold M. Bagant** NAME OF FUNERAL HOME AND ADDRESS **JONES FUNERAL HOME, WINCHESTER**

REGISTRAR

30. (signature of registrar) **Margaret D. Button** DATE RECORD FILED: **8-16-62**

MARGIN RESERVED FOR BINDING

IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having dark unflowing ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.