

COMMONWEALTH OF VIRGINIA – CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH – BUREAU OF VITAL RECORDS AND HEALTH STATISTICS – RICHMOND

COPY A

FOR BUREAU OF
VITAL STATISTICS

REGISTRATION AREA NUMBER 231	CERTIFICATE NUMBER 33	STATE FILE NUMBER 74-001978
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1. FULL NAME OF DECEASED Grover Edward Stickel <small>(first) (middle) (last)</small>	2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>
3. DATE OF DEATH January 19, 1974 <small>(mo.) (day) (year)</small>	4. AGE OF DECEASED 89 years <small>IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes</small>
5. COLOR OR RACE Cau	

6. NAME OF HOSPITAL OR INSTITUTION OF DEATH Winchester Memorial Hospital <small>(if none, so state)</small>	7. COUNTY OF DEATH <small>(if independent city, leave blank)</small>
8. CITY OR TOWN OF DEATH Winchester <small>(if rural, so state) inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/></small>	9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 201 S. Stewart Street

10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia	11. COUNTY OF DECEASED'S RESIDENCE <small>(if independent city, leave blank)</small> S
12. CITY OR TOWN OF RESIDENCE Winchester <small>inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/></small>	13. STREET ADDRESS OR RT. NO. OF RESIDENCE 1408 S. Loudoun Street
14. ZIP CODE 22601	

14. NAME OF FATHER OF DECEASED Jacob M. Stickel	15. MAIDEN NAME OF MOTHER OF DECEASED Sallie Locke
16. DECEASED CITIZEN OF WHAT COUNTRY U. S. A.	17. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
18. IF MARRIED OR WIDOWED, NAME OF SPOUSE IF DIVORCED, LEAVE BLANK.	

20. IF VETERAN, name war, or if peacetime only, so state none	21. BIRTHPLACE OF DECEASED <small>(state or country)</small> West Virginia	22. DATE OF BIRTH OF DECEASED <small>(mo.) (day) (year)</small> July 12, 1884
24. KIND OF BUSINESS OR INDUSTRY Retired Carpenter and Farmer	25. INFORMANT – OR SOURCE OF INFORMATION Mrs. Lillian H. Hardy, Winchester	

26. CAUSE OF DEATH [Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Aspiration pneumonia (B) Arteriosclerotic cardio vascular disease with congestive heart failure (C) Hypertension <small>Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.</small>	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)	26a. AUTOPSY? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no AUTHORIZED BY: 4122
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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. <small>(enter nature of injury in part I or part II)</small>
26e. TIME OF INJURY <small>(mo.) (day) (year)</small> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	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.)
26i. I CERTIFY that I attended the deceased from 1-16-74 to 1-19-74 and that death occurred at 1 (AM)(PM) from the cause stated above.		26h. (city or town) (county) (state) Winchester, Virginia

27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	28. PLACE OF BURIAL, REMOVAL, ETC. <small>(name of cemetery or crematory) (city or county) (state)</small> Mount Hebron Cemetery Winchester Va.
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29. Signature of funeral director or person acting as such Harold M. Boyeant	NAME OF FUNERAL HOME AND ADDRESS: Jones Funeral Home, Winchester
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30. Signature of registrar Mary C. Eutler	DATE RECORD FILED: 1-30-74
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MARGIN RESERVED FOR BINDING. Use black ribbon in registrar or print legibly with ball point pen, having dark, unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

TO PHYSICIAN:
Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause.

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

MEDICAL CERTIFICATION

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