

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 214	CERTIFICATE NUMBER 1023	STATE FILE NUMBER 81-030927
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1. FULL NAME OF DECEASED ALBERT PAYNE AUSTIN	2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	3. RACE White
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4. DATE OF DEATH Oct. 5, 1981	5. AGE 84 years	6. DATE OF BIRTH Mar. 20, 1897	7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
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8. NAME OF HOSPITAL OR INSTITUTION OF DEATH Lynchburg General Hospital	9. COUNTY OF DEATH Lynchburg
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10. CITY OR TOWN OF DEATH Lynchburg	11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH Lynchburg
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12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia	13. COUNTY OF DECEASED'S RESIDENCE Lynchburg
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14. CITY OR TOWN OF RESIDENCE Lynchburg	15. STREET ADDRESS OR RT. NO. OF RESIDENCE Westminister-Canterbury	ZIP CODE 24503
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16. NAME OF FATHER OF DECEASED Frederick R. Austin	17. MAIDEN NAME OF MOTHER OF DECEASED Mamie Payne
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18. CITIZEN OF WHAT COUNTRY U.S.A.	19. BIRTHPLACE (state or country) Mississippi	20. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>	21. IF MARRIED OR WIDOWED, NAME OF SPOUSE Margaret H. Austin
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22. USUAL OR LAST OCCUPATION Railroad official	24. KIND OF BUSINESS OR INDUSTRY C & O Railroad	25. INFORMANT OR SOURCE OF INFORMATION Margaret H. Austin
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26. CAUSE OF DEATH (Term only one cause per line for (A), (B), and (C).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardiogenic shock DUE TO (B) Distal Aortic Thrombosis DUE TO (C) Myocardial infarction	INTERVAL BETWEEN ONSET AND DEATH 2 hours
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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)	26x. AUTOPSY? AUTHORIZED BY: yes <input type="checkbox"/> no <input type="checkbox"/>
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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 RELATING TO DEATH OCCURRED
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26e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	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.)	26h. (city or town) (county) (state)
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26i. To the best of my knowledge, death occurred at **11:50** (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE Charles V. Ashworth Jr.	DATE SIGNED 10/12/81
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NAME OF ATTENDING PHYSICIAN (Type or Print) Charles V. Ashworth Jr.	ADDRESS OF ATTENDING PHYSICIAN Lynchburg, VA
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27. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. PLACE OF BURIAL REMOVAL ETC. Mountain View Cemetery, Rural Retreat, Virginia
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29. Signature of funeral director or person legally filing this certificate James C. Lindsey	NAME OF FUNERAL HOME AND ADDRESS: Lindsey Funeral Home Rural Retreat, Va. 24368
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30. Signature of registrar Carolyn G. Bell	DATE RECORD FILED: 10/16/81
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FUNERAL DIRECTOR	REGISTRAR
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NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.	1
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Complete and sign medical certification (Form 26) and return both copies to funeral director as soon as possible after determination of cause.	1
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TO PHYSICIAN:	1
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