TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 retained by the hospital or attending physician.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
Warner E.
8434 Ga I

	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-12553 CERTIFICATE OF DEATH				
	REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	Lavini 3. SEX	A M.	Engle 5. Date Of Birth	6. AGE (IN YEARS LAST BIRTHDAY)	9 1979 IF UNDER 1 YEAR IF UNDER 24 HR
	female	white	May 23 1892	87 yrs.	MONTHS DAYS HOURS MIN
once.	M. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	
of third	10 CITY OR TOWN OF DEATH SILVER Spring	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS (
must be n	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COUI	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW	E ADMISSION)	13e STREET ADDRESS 500 Pershi	
ominer.	14. FATHER'S NAME FIRST	MIDDLE LAST Engl	15. MOTHER'S MAIDEN NA FIRST	WE	Hauke
)	16n WAS DECEASED EVER IN U.S. AF	MED FORCES? 26 SOCIAL SECU	IRITY NO 17 INFORMANT Parke Engle	ADDR 3207	lst. Rd. No l., Va.
njury, or other traumatic ev	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Underlying cause last. C) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE				W/+ S IVEN IN PART 1(g)
ows any ii	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED "IFYING CAUSES OF DEATH?" YES \(\bigcup \text{NO} \bigcup \text{NO} \qua
em 18 sh	OD CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
rked or It	OR CONTRIBUTING CASE SAMENER (IF EITHER, NOTIFY MEDICAL EXAMINER 21 d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f. LOCATION	CITY OR TOWN	COUNTY STATE
. 21 is mar	220. I certify that (I) (this hospital) attended the deceased from				
77: # Hen	226. SIGNAYORE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN				22c DATE SIGNED
MPORTANT	22d PHYSICIAN'S NAME (TYPE OF ALbe		MD. 1106 Spri	ng Street, Si	lver Spr. Mo
≥ ▼	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
- 7	Cremation 24 FUNERAL DIRECTOR Warner E. Pu 8434 Ga Ave		tropolitan Crem	atory Alex FEREC'D. BY REGISTRAR 25b. REGISTRAR JN 1 1979	Fairfax Va

Pumphrey,