

RECORDED DISTRICT
3264
REGISTER NUMBER
547

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME: FIRST <i>Evelyn C. Inhoff</i>			MIDDLE			LAST			2 SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		3A DATE OF DEATH MONTH DAY YEAR <i>11 3 77</i>			3B HOUR <i>1:45 P.M.</i>									
4 RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY) <i>White</i>		5 AGE <i>61</i> YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 1 DAY HOURS MINUTES		6 DECEDENT BORN MONTH DAY YEAR <i>4 18 1916</i>		7 VETERAN OF U. S. ARMED FORCES? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> IF YES, SPECIFY WAR OR DATES OF SERVICE													
8A COUNTY OF DEATH <i>Oneida</i>		8B LOCALITY (CHECK ONE AND SPECIFY) <input type="checkbox"/> CITY OF <i>New Hartford</i> <input checked="" type="checkbox"/> TOWN OF <input type="checkbox"/> VILLAGE OF				8C HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS) <i>St. Lukes Memorial</i>				8D IF IN HOSPITAL (CHECK ONE) <input type="checkbox"/> D.O.A. <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT		8E IF INPATIENT, ADMISSION DATE MONTH DAY YEAR <i>11 3 77</i>											
9 STATE OF BIRTH (COUNTRY IF NOT USA) <i>New York</i>		10 CITIZEN OF WHAT COUNTRY? <i>USA</i>		11 MARITAL STATUS (CHECK ONE) <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED				12 SURVIVING SPOUSE (IF WIFE GIVE MATRIMONIAL NAME) TO BE LEGAL AND VALID THIS DOCUMENT MUST BEAR THE OFFICIAL SEAL OF REGISTRAR TOWN OF EDUCATION: INDICATE HIGHEST GRADE COMPLETED ELEMENTARY OR SECONDARY COLLEGE (0-12) (1-4 OR 5+) <i>8</i>															
13A USUAL OCCUPATION (EVEN IF RETIRED) <i>Machine Operator, Globe Mills</i>			13B KIND OF BUSINESS OR INDUSTRY <i>Globe Mills</i>			13C SOCIAL SECURITY NUMBER <i>089-18-7763</i>			14 EDUCATION: INDICATE HIGHEST GRADE COMPLETED ELEMENTARY OR SECONDARY COLLEGE (0-12) (1-4 OR 5+) <i>8</i>														
15A STATE <i>New York</i>		15B COUNTY <i>Oneida</i>		15C LOCALITY (CHECK ONE AND SPECIFY) <input type="checkbox"/> CITY OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/> VILLAGE OF <i>Whitestown</i>				15D IF CITY OR VILLAGE, WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NO, SPECIFY TOWN <i>Whitestown</i>															
16A STREET AND NUMBER <i>Woods Road</i>												16B IF CITY OR VILLAGE, WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF NO, SPECIFY TOWN <i>Whitestown</i>											
17A NAME OF FATHER: FIRST MIDDLE LAST <i>Raymond Chow</i>						17B MAIDEN NAME OF MOTHER: FIRST MIDDLE LAST <i>Violet (unknown)</i>																	
17A NAME OF INFORMANT: <i>Richard J. Inhoff</i>						17B MAILING ADDRESS (INCLUDE ZIP CODE) <i>R. D. #2 Verona, New York</i>																	
18A BURIAL <input checked="" type="checkbox"/>		CREMATION <input type="checkbox"/>		REMOVAL <input type="checkbox"/>		MONTH DAY YEAR <i>11 7 77</i>		18B PLACE OF BURIAL, CREMATION OR REMOVAL <i>Mount Olivet Cemetery</i>				18C LOCATION (CITY OR TOWN, STATE) <i>Whitestown, N.Y.</i>											
19A NAME AND ADDRESS OF FUNERAL HOME <i>John S. Fiedel Funeral Homes Inc., 1128 Court St., Utica, N.Y.</i>												19B REGISTRATION NO. <i>00882</i>											
20A NAME OF FUNERAL DIRECTOR: <i>Salvatore W. Coriale</i>						20B SIGNATURE OF FUNERAL DIRECTOR <i>Salvatore W. Coriale</i>						20C REGISTRATION NO. <i>01050</i>											
21A SIGNATURE OF REGISTRAR <i>Francis Hornbush</i>						21B DATE FILED MONTH DAY YEAR <i>NOV 6 77</i>		22A BURIAL OR REMOVAL PERMIT ISSUED BY: <i>Francis Hornbush</i>				22B MONTH DAY YEAR <i>NOV 5 1977</i>											
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY —OR— TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY																							
23 A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED												23 A. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.											
SIGNED: _____												SIGNED: <i>Morgan W. Jones</i> TITLE: <i>Coroner</i>											
B. THE PHYSICIAN ATTENDED THE DECEASED												B. PRONOUNCED DEAD C. HOUR											
FROM: MONTH DAY YEAR				TO: MONTH DAY YEAR				C. LAST SEEN ALIVE MONTH DAY YEAR				D. DATE SIGNED MONTH DAY YEAR											
												<i>11 3 77 AT 1:45 P.M. 11 4 77</i>											
D. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER												E. NAME OF CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER <i>Francis Hornbush M.D.</i>											
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR): <i>MORGAN W. JONES 12 STEUBEN PARK, UTICA, N.Y.</i>																							
25 DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).												APPROXIMATE INTERVAL BETWEEN ONSET & DEATH											
(A) <i>PERITONITIS, ACUTE, PROBABLY CAUSED BY P. AERUGINOSA</i>								<i>5 DAYS</i>															
(B) <i>INTESTINAL OBSTRUCTION</i>								<i>5 DAYS</i>															
(C)																							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) <i>SARCOMA OF UTERUS</i>												26A AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		26B IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
27A SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION.				27B DATE OF INJURY MONTH DAY YEAR				27C HOUR OF INJURY. M.		27D DESCRIBE HOW INJURY OCCURRED.													
27E INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>				27F PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC.				27G LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)															

I, GAIL SHERMAN-WOLANIN, duly appointed Registrar of the Town of New Hartford, County of Oneida, N.Y., do hereby certify the foregoing to be a true photocopy from the vital records filed in my office.
Date: *Nov. 14, 1977*