

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

CENSUS TRACT: [] SUB-DIVISION: []

RECORDED DISTRICT #3275
REGISTER NUMBER 5

STATISTICAL DISTRICT REC. RES.

1 NAME: FIRST MIDDLE LAST: *Walter Imhoff* 2 SEX: MALE FEMALE 3A DATE OF DEATH: MONTH DAY YEAR: *11 3 77* 3B HOUR: *10 a.m.*

4 RACE: *White* 5 AGE: *63* YEARS 6 DECEDENT BORN: MONTH DAY YEAR: *7 3 1914* 7 VETERAN OF U. S. ARMED FORCES? YES NO

8A COUNTY OF DEATH: *Oneida* 8B LOCALITY: CITY OF TOWN OF VILLAGE OF *Whitestown* 8C HOSPITAL OR OTHER INSTITUTION: *Woods Road* 8D IF IN HOSPITAL: YES NO 8E IF INPATIENT, ADMISSION DATE: MONTH DAY YEAR

9 STATE OF BIRTH: *New York* 10 CITIZEN OF WHAT COUNTRY?: *USA* 11 MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED 12 SURVIVING SPOUSE: *Evelyn Cahow*

13A USUAL OCCUPATION: *Truck Driver* 13B KIND OF BUSINESS OR INDUSTRY: *Associated Trans.* 13C SOCIAL SECURITY NUMBER: *075-01-5010* 14 EDUCATION: ELEMENTARY OR SECONDARY: *8* COLLEGE: *(1-4 OR 5+)*

15A STATE: *New York* 15B COUNTY: *Oneida* 15C LOCALITY: CITY OF TOWN OF VILLAGE OF *Whitestown* 15D IF CITY OR VILLAGE, WITHIN CITY OR VILLAGE LIMITS? YES NO 15E STREET AND NUMBER: *Woods Road*

16A NAME OF FATHER: *John Imhoff* 16B MAIDEN NAME OF MOTHER: *Rose Landry*

17A NAME OF INFORMANT: *Richard J. Imhoff* 17B MAILING ADDRESS: *R. D. #2 Verona, New York*

18A BURIAL: CREMATION: REMOVAL: MONTH DAY YEAR: *11 7 77* 18B PLACE OF BURIAL: *Mount Olivet Cemetery* 18C LOCATION: *Whitesboro, New York*

19A NAME AND ADDRESS OF FUNERAL HOME: *John S. Fiedel Funeral Homes Inc., 1123 Court St., Utica, N.Y.* 19B REGISTRATION NO.: *00882*

20A NAME OF FUNERAL DIRECTOR: *Salvatore W. Coriale* 20B SIGNATURE OF FUNERAL DIRECTOR: *Salvatore W. Coriale* 20C REGISTRATION NO.: *01050*

21A SIGNATURE OF REGISTRAR: *Shelby Demski* 21B DATE FILED: MONTH DAY YEAR: *11 6 77* 22A BURIAL OR REMOVAL PERMIT ISSUED BY: *Shelby Demski* 22B MONTH DAY YEAR: *11 6 77*

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. MONTH DAY YEAR: [] [] []

SIGNED: [] B. THE PHYSICIAN ATTENDED THE DECEASED C. LAST BEEN ALIVE D. DATE SIGNED: MONTH DAY YEAR: [] [] []

D. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER: *Dr. Morgan J. Jones MD*

24 NAME AND ADDRESS OF CERTIFIER: *Morgan J. Jones 12 STEUBEN PARK, Utica, N.Y.*

25 DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET & DEATH: *30 min.*

PART I. IMMEDIATE CAUSE (A) *Asphyxia* DUE TO, OR AS A CONSEQUENCE OF:

(B) *Carbon Monoxide* DUE TO, OR AS A CONSEQUENCE OF:

(C) *Self-Induced*

PART II. OTHER SIGNIFICANT CONDITIONS: 26A AUTOPSY? YES NO 26B IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES NO

27A SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION: *Suicide* 27B DATE OF INJURY: MONTH DAY YEAR: *11 3 77* 27C HOUR OF INJURY: *6-7 A.M.* 27D DESCRIBE HOW INJURY OCCURRED: *Fired EXP. into his car (used Windows - EXP. in DRIVER'S SEAT. LEFT NOTE*

27E INJURY AT WORK? YES NO 27F PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC. 27G LOCATION: (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)

A
B
C
D
E
F
G
H
I
J

USUAL RESIDENCE WHERE DECEDENT LIVED.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

