

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH— DIVISION OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A

FOR BUREAU OF
VITAL RECORDSREGISTRATION
AREA NUMBER

216

CERTIFICATE
NUMBER

645

STATE FILE
NUMBER

82-017846

DECEDENT 1	1. FULL NAME OF DECEASED (first) (middle) (last) CARRIE MOZELLE STANCIL CAMPBELL			2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>		3. RACE WHITE
	4. DATE OF DEATH (mo.) (day) (year) JUNE 21, 1982		5. AGE 69 years	6. DATE OF BIRTH (mo.) (day) (year) JULY 29, 1912		7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
PLACE OF DEATH 02 3	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) RIVERSIDE HOSPITAL			DOA <input type="checkbox"/>	OUT PAT/ Emer. Rm. <input type="checkbox"/>	Inpatient <input checked="" type="checkbox"/>
	9. CITY OR TOWN OF DEATH NEWPORT NEWS			10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH J. CLYDE MORRIS BLVD.		
USUAL RESIDENCE OF DECEDENT 216	12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE VIRGINIA			13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank)		
	14. CITY OR TOWN OF RESIDENCE NEWPORT NEWS			15. STREET ADDRESS OR RT. NO. OF RESIDENCE 10 DELTA CIRCLE		
PERSONAL DATA OF DECEDENT 534 3	16. NAME OF FATHER OF DECEASED JOSEHIRE STANCIL			17. MAIDEN NAME OF MOTHER OF DECEASED MINNIE SASSER		
	18. CITIZEN OF WHAT COUNTRY U.S.A.	19. BIRTHPLACE (state or country) NORTH CAROLINA	20. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>	21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) GLENN C. CAMPBELL		
TO PHYSICIAN: Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause.	22. SOCIAL SECURITY NUMBER			25. INFORMANT—OR SOURCE OF INFORMATION PHYLLIS CAMPBELL		
	23. USUAL OR LAST OCCUPATION HOUSE WIFE			24. KIND OF BUSINESS OR INDUSTRY OWN HOME		
MEDICAL CERTIFICATION 1	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) CHRONIC Obstructive Pulmonary Disease DUE TO (B) SQUAMOUS Cell CARCINOMA Lung DUE TO (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A). PERICARDIAL EFFUSION					26a. AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
	26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input checked="" 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	
FUNERAL DIRECTOR	26e. TIME OF INJURY (mo.) (day) (year) 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.)	
	26h. (city or town) (county) (state)		26i. To the best of my knowledge, death occurred at 1:35 (a.m.) (p.m.) on the date and place and from the cause(s) stated.			
REGISTRAR	27. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) PENINSULA MEMORIAL PARK NEWPORT NEWS VA.		
	29. (Signature of funeral director or person legally filing this certificate) Thomas Edelman			NAME OF FUNERAL HOME AND ADDRESS: RIVERSIDE FUNERAL HOME NEWPORT NEWS, VA. 23607		
30. (signature of registrar) Freda Adelson			DATE RECORD FILED: June 24, 1982			Item #22 corr. fr. dau. aff. 7-26-82 k1

MARGIN RESERVED FOR BINDING
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VS 28/81

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