

COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

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

REGISTRATION AREA NUMBER 177	CERTIFICATE NUMBER 114	STATE FILE NUMBER 88 016297
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1. FULL NAME OF DECEASED (first) (middle) (last) YANCEY WYATT AYERS, SR.			2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
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3. DATE OF DEATH (mo.) (day) (year) May 26, 1968		4. AGE OF DECEASED 78 years		IF UNDER 1 YEAR months days		IF UNDER 1 DAY hours minutes		5. COLOR OR RACE White	
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6. NAME OF HOSPITAL OR INSTITUTION OF DEATH Pulaski General Hospital			7. COUNTY OF DEATH (if independent city, leave blank) Pulaski		
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8. CITY OR TOWN OF DEATH (if rural, so state) Pulaski 24301		Inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH N. Randolph Avenue			
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10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia			11. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) Pulaski		
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12. CITY OR TOWN OF RESIDENCE Draper 24324		Inside city or town limits? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		13. STREET ADDRESS OR RT. NO. OF RESIDENCE Rt. # 1, Box 15			
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14. NAME OF FATHER OF DECEASED Davis Ayers			15. MAIDEN NAME OF MOTHER OF DECEASED Frances Gardner		
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16. DECEASED CITIZEN OF WHAT COUNTRY U. S. A.		17. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		18. IF MARRIED OR WIDOWED, NAME OF SPOUSE Elizabeth Dunlap Ayers	
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19. SOCIAL SECURITY NUMBER 227-05-6692		20. IF VETERAN, name war, or if peacetime only, so state None		21. BIRTHPLACE OF DECEASED (state or country) Carroll county, Va		22. DATE OF BIRTH (mo.) (day) (year) May 20, 1890	
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23. USUAL OR LAST OCCUPATION Farming		24. KIND OF BUSINESS OR INDUSTRY Farmer - Ret.		25. INFORMANT - OR SOURCE OF INFORMATION Y. W. Ayers, Jr.			
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26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). ACUTE MYOCARDIAL INFARCT			INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (A) Heart Myocardial Infarct			42 hrs.		
DUE TO (B) arteriosclerotic cardiovascular disease					
DUE TO (C) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			4201		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)				26a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				AUTHORIZED BY:	

27. 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 OCCURRED. (enter nature of injury in part I or part II)	
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28. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>		29. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)		28b. (city or town) (county) (state) 1	
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29. I certify that I attended the deceased from May 26, 1968 to May 26, 1968 and that death occurred at 11:55 (AM) (PM) from the cause stated above			ADDRESS: (CITY AND STATE) PULASKI, VA		DATE SIGNED: 5-27-68	
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30. 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) Grantham Cemetery Draper Va.	
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(signature of funeral director or person acting as such) Thomas M. Seagle		NAME OF FUNERAL HOME AND ADDRESS: Thomas M. Seagle & Sons Pulaski, Virginia	
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(signature of registrar) Laureth B. Brigsby, Deputy		DATE RECORD FILED 5-28-68	
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