

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Pueblo		2. USUAL RESIDENCE (If deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY Pueblo	
3. CITY, TOWN, OR LOCATION Pueblo		4. LENGTH OF STAY IN 10 Lifetime	
5. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 400 Block East Northern Ave.		6. STREET ADDRESS 1339 Wabash	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
9. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
10. NAME OF DECEASED (Type or Print) FRANK RICHARD PARIKH		11. DATE OF DEATH Month Day Year August 30, 1965	
12. SEX Male	13. COLOR OR RACE Caucasian	14. BIRTHDATE (If never married) 10-21-1917	15. AGE (In years last birthday) 47
16. USUAL OCCUPATION (Use kind of work done during most of working life, and if retired, state) Police Officer - Pueblo County Sheriff's Office		17. BIRTHPLACE (State or foreign country) Pueblo, Colo.	18. CITIZEN OF WHAT COUNTRY? USA
19. FATHER'S NAME Urban Parikh		20. MOTHER'S MARRIAGE NAME Gertrude Takovec	
21. WAS DECEASED EVER IN U. S. ARMED SERVICES (If so, give kind of service) No		22. SOCIAL SECURITY NO. 522-05-7254	23. IAWC NUMBER None
24. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary aneurysm		25. CITY, TOWN, OR LOCATION Pueblo, Colorado	
26. CONDITIONS OF DEATH (State only one condition per line for (a), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHS BUT NOT RELATED TO THE IMMEDIATE CAUSE LISTED IN PART I (a) Conditions of death which gave rise to above cause (a), showing the condition which caused death.		27. Was autopsy performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
28a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		28b. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in Part I or Part II of Item 18)	
29a. TIME OF DEATH Hour, Min., Sec. P.M.		29b. PLACE OF INJURY (e.g., in or about home, auto, factory, street, office, etc.)	
30a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		30b. CITY, TOWN, OR LOCATION COUNTY STATE	
31. I attended the deceased from _____ to _____ and last saw him _____ on 8/30/65 Death reported at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
32a. SIGNATURE O. A. Caldwell		32b. ADDRESS Coroner, Pueblo County	
32c. DATE SIGNED 8/31/65			
33. FUNERAL DIRECTION Removal (Type) Burial	33a. DATE 9-2-1965	33b. NAME OF CEMETERY OR CREMATORIUM Roselawn Cemetery	
33c. ADDRESS Pueblo, Colorado		33d. LOCATION (City, town, or village) Pueblo, Colorado	
34. FUNERAL DIRECTOR George F. McCarty		35. DATE REC'D. BY LOCAL REG. SEP 1 1965	
36. REGISTERING AGENCY George F. McCarty		37. REGISTERING AGENCY George F. McCarty	

GEORGE F. McCARTY
FUNERAL HOME
PUEBLO, COLORADO

F.D. 169 E.L. 324

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MEDICAL CERTIFICATION

DATE OF DEATH

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