

COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS — RICHMOND

REGISTRATION AREA NUMBER 226		CERTIFICATE NUMBER 471		STATE FILE NUMBER 69 030044	
1. FULL NAME OF DECEASED Laurence Hyer Boerner <small>(first) (middle) (last)</small>				2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
3. DATE OF DEATH 10 16 69 <small>(mo.) (day) (year)</small>		4. AGE OF DECEASED 64 years		5. COLOR OF SKIN White	
6. NAME OF HOSPITAL OR INSTITUTION OF DEATH Western State Hospital				7. COUNTY OF DEATH Annusta	
8. CITY OR TOWN OF DEATH Staunton		9. STREET ADDRESS OR NO. OF PLACE OF DEATH 24401		10. COUNTY OF DECEASED'S RESIDENCE Arlington	
11. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia		12. STREET ADDRESS OR ST. NO. OF RESIDENCE 535 Edgewood Ave. 106		13. COUNTY OF DECEASED'S RESIDENCE Arlington	
14. NAME OF FATHER OF DECEASED R. Benjamin Boerner		15. MOTHER NAME OF MOTHER OF DECEASED Stella Elgin		16. DECEASED CITIZEN OF WHAT COUNTRY USA	
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 Kay Hollen Boerner Katherine H. Boerner		19. SOCIAL SECURITY NUMBER	
20. IF VETERAN, name war, or if posthumous only, so state		21. BIRTHPLACE OF DECEASED Virginia		22. DATE OF BIRTH (mo.) (day) (year) Jan. 21, 1905	
23. USUAL OR LAST OCCUPATION Retired		24. KIND OF BUSINESS OR INDUSTRY		25. INFORMATION — OR SOURCE OF INFORMATION Mrs. Prudence B. Mathews	
26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (A) CEREBROVASCULAR ACCIDENT					
DUE TO (B) ARTERIOSCLEROTIC CARDIOVASC. DISEASE					
DUE TO (C) 4124					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) 4124					
27a. IF FEMALE, WAS THERE A PREGNANCY IN PART 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>				27b. EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH. NOTIFY MED. EXAMINER IF EXTERNAL CAUSE.	
28. TIME OF INJURY (mo.) (day) (year) A.M. P.M.		29. INJURY OCCURRED while on work <input type="checkbox"/> not while on work <input type="checkbox"/>		29a. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	
28. TIME OF INJURY (mo.) (day) (year) 6/6/69		29. INJURY OCCURRED while on work <input type="checkbox"/> not while on work <input type="checkbox"/>		29a. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	
27b. EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH. NOTIFY MED. EXAMINER IF EXTERNAL CAUSE.					
28. TIME OF INJURY (mo.) (day) (year) A.M. P.M.					
29. INJURY OCCURRED while on work <input type="checkbox"/> not while on work <input type="checkbox"/>					
29a. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)					
27c. (city or town) (county) (state) Staunton Va					
27d. (city or town) (county) (state) Staunton Va					
27. I CERTIFY that I attended the deceased from 6/6/69 to 10/16/69 and that death occurred at 10:21 AM (A.M.) (P.M.) from the cause stated above.					
A. FULL NAME Richard M. P.		ADDRESS (CITY AND STATE) Staunton Va		DATE SIGNOR: 10/16/69	
B. FULL NAME Richard M. P.		ADDRESS (CITY AND STATE) Staunton Va		DATE SIGNOR: 10/16/69	
30. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH R. C. Robertson		31. NAME OF FUNERAL HOME AND ADDRESS Rosebush Turner F.H. Front Royal Va		32. PLACE OF BURIAL, REMOVAL, OR CREMATION St. Mark's Episcopal Church Cemetery Patawsville Md	
33. SIGNATURE OF REGISTRAR E. L. Thibodeau		34. DATE RECORD FILED 10-22-69		35. ITEM 18 corr fr aff of wife 3/9/70 ry	