

## STATE DEPARTMENT OF HEALTH OF NEW JERSEY

26287

STATE FILE NO.

PLACE OF DEATH COUNTY _____		2. USUAL RESIDENCE a. STATE <b>N.J.</b> b. COUNTY <b>Essex</b>	
CITY _____ BOROUGH _____ TOWNSHIP _____		c. CITY _____ BOROUGH _____ TOWNSHIP <b>D Cedar Grove</b>	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>322 Grove St</b>		d. STREET ADDRESS If rural, P. O. Address <b>320 Grove St</b>	
a. (First)		b. (Middle)	
c. (Last)		d. DATE OF DEATH <b>June 6 1958</b>	
3. NAME OF DECEASED (Type or Print) <b>BERT E DANIELS</b>		4. DATE OF DEATH <b>June 6 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 31 1882</b>
9. AGE (In years last birthday) <b>75</b>	10. KIND OF BUSINESS OR INDUSTRY <b>Town of Cedar Grove</b>	11. BIRTHPLACE (State or foreign country) <b>Danville, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Unknown</b>	14. MOTHER'S MAIDEN NAME <b>Unknown</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>136-20-7901</b>		17. INFORMANT <b>Mrs. Alice Cooper Daniels</b>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> <b>Gen. Arterio Sclerosis</b> Conditions, if any, which gave rise to above cause (b) } DUE TO (b) starting the exciting cause last. } DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
20a. ACCIDENT: <input type="checkbox"/> SUICIDE: <input type="checkbox"/> HOMICIDE: <input type="checkbox"/> to the best of my knowledge.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <b>Jan 58</b> to <b>Jan 56</b> and last saw her alive on <b>6-5-58</b> Death occurred at <b>10:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. J. Whelan M.D.</b>		22b. ADDRESS <b>Nutley 10 N.J.</b>	
22c. DATE SIGNED <b>6-9-58</b>		22d. SIGNATURE OF WITNESS <b>E. J. Whelan</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 16 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Immaculate Conception</b>	23d. LOCATION (City, town or county) <b>Montclair N.J.</b>
24. FUNERAL DIRECTOR'S SIGNATURE <b>Edw. H. Stanton</b>		25. DATE RECD. BY LOCAL REG. <b>6-9-58</b>	
N.J. License No. <b>1106</b>		26. FACILITY'S SIGNATURE <b>E. J. Whelan</b>	
ADDRESS <b>Nutley, N.J.</b>		ADDRESS <b>Nutley, N.J.</b>	

by: *E. J. Whelan* 1992 Nutley, N.J.