

CERTIFICATE OF DEATH

86-003100

DECEASED—NAME FIRST MIDDLE LAST Walter O. Lanfrancani			SEX M	DATE OF DEATH—Month Day Year 9/17/86	
RACE—(White, Black, American Indian, ETC) (Specify) White	AGE LAST BIRTH DAY 69	UNDER 1 YEAR MOS DAYS 58	UNDER 1 DAY HOURS MIN 50	DATE OF BIRTH—Month Day Year Nov-9-1916	COUNTY OF DEATH Washington
CITY TOWN OF DEATH Barre City		HOSPITAL OR OTHER INSTITUTION (If not in either, give Street and No.) 455 North Main Street		IF HOSPITAL OR INSTITUTION Inpat ER DO	
STATE OF BIRTH (If not in U.S. name country) Vermont	CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Widowed	SURVIVING SPOUSE (If wife, give maiden name) —		
SOCIAL SECURITY NO. 009-10-2190	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station	BUSINESS OR INDUSTRY Owner operator	VETERAN? (If so, what war?) WWII		
ACTUAL RESIDENCE STATE COUNTY CITY TOWN VT Washington Barre City	MAILING ADDRESS, INC ZIP 455 North Main St 05611				
FATHER—NAME FIRST MIDDLE LAST Stephen Lanfrancani			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Lina Rattazzi		
INFORMANT—NAME Stephen Lanfrancani			MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip Code) 15 Windridge Dr Barre VT 05641		
PART I: DEATH WAS CAUSED BY Enter only one cause per line (A), (B), and (C)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
19 IMMEDIATE CAUSE (A) Cardiac Arrhythmia DUE TO, OR AS A CONSEQUENCE OF				Minutes	
(B) Coronary Artery Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF				Years	
(C)					
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death, but not related to cause given in Part I (A)) Angina Pectoris, Hypertension, Hyperlipidemia				HOSPITALIZED IN LAST 6 MONTHS? 19D <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SURGERY IN LAST 6 MONTHS? 19E YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 20B <input type="checkbox"/> YES <input type="checkbox"/> NO
21A <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet <input type="checkbox"/> Pending		DATE OF INJURY—Month Day Year 21B	HOUR 21C	HOW DID INJURY OCCUR (Enter nature of injury in Part I or Part II) 21D	
INJURY AT WORK (Specify Yes or No) 21E		PLACE OF INJURY At Home, Farm, Factory, Street, Office Bldg, etc (Specify) 21F	LOCATION (Street, or R.F.D. No., City or Town, State) 21G		
TO THE BEST OF MY KNOWLEDGE, ON THE BASIS OF THE CASE HISTORY, EXAMINATION AND/OR INVESTIGATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO CAUSE(S) STATED				DATE SIGNED—(Mo. Day Yr.) 23A 8/19/86	HOUR OF DEATH 23B Approx 2200 hrs
22A (Signature) M Bell MD 5589 Staff phys <input type="checkbox"/> Attend. phys <input type="checkbox"/> Pathologist <input type="checkbox"/> Med Examiner <input checked="" type="checkbox"/>				PRONOUNCED DEAD ON 23C 8/19/86	1605 hrs
NAME & ADDRESS OF CERTIFIER (Type or Print) 22B RM Belding Box 547 Barre, VT 05641				NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 24 Wm Allard M.D.	
BURIAL CREMATION REMOVAL (Specify) 25A Cremation		CEMETERY OR CREMATORY—Name 25B Airondael Cemetery		LOCATION (City or Town, State) South Burlington VT	
DATE (Month Day Year) 25D Aug 21 1986		FUNERAL HOME—Name (Street or R.F.D. No., City or Town, State, Zip Code) 25E Pruneau Polli 58 Summer St Barre VT 05641			
FUNERAL DIRECTOR—Signature 26 Vincent E. Polli		REGISTRAR—Signature 27 Paul J. Caron Deputy		DATE RECEIVED—By local registrar (Month Day Year) 27B Aug 19 1986	
TRUE COPY ATTEST (Clerk, Substitute) 28A Kurt Mason City Clerk		TOWN OF 28B City of Barre		DATE (Month Day Year) 28C August 30, 1986	

DECEASED

PARENTS

CAUSE

CONDITIONS IF ANY, GIVING RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

POOR COPY RECEIVED FOR MICROFILMING

CERTIFIER

BURIAL

TO BE SIGNED BY REGISTRAR ON COPY ONLY