

CORONER'S CERTIFICATE

PITTSBURGH CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Register No. 34 420

1. NAME OF DECEASED
Type or Print **RONALD J. NORTHEY**

2. DATE AND HOUR OF DEATH
APRIL 16, 1971 11:35 P.M.

3. PLACE OF DEATH BY WHICH THE DECEASED WAS RECEIVED

4. USUAL RESIDENCE (Place where deceased lived prior to last residence before admission)
A. STATE **PA.** B. COUNTY **ALLEG.**

5. CITY OR TOWN (If outside city or town, give address and give the ship)
PITTSBURGH PA. 15237

6. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
**NORTH HILLS PASSAVANT DOA
MCCANDLESS TWP. ALLEG. CO. PA**

7. MARRIAGE STATUS (Indicate by check mark)
M W MARRIED

8. DATE OF BIRTH **APR 26, 1920** 9. AGE **50**

10. USUAL OCCUPATION (Indicate by check mark)
During most of working life, even if retired:
PUBLIC RELATIONS

11. PLACE OF BIRTH (State or foreign country)
PA.

12. CITIZENSHIP OF WHAT COUNTRY?
USA.

13. FATHER'S NAME **WILLIAM NORTHEY**

14. MOTHER'S MAIDEN NAME **ELIZABETH DANIELS**

15. SECURITY NO. **009-05-3674**

16. INFORMANT **BARBARA L. NORTHEY** ADDRESS **P&H PA 15237**

17. SPOUSE - **BARBARA L. NORTHEY** CAUSE OF DEATH **ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE**

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

19. ANTECEDENT CAUSES (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO **4124**

(C)

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? Yes or No **No**

20B. IF YES, WERE TO EXAMINATIONS CONSIDERED IN DETERMINING CAUSE OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Indify medical examinal)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHEN DID INJURY OCCUR?

21D. TIME OF INJURY (Approx.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work Not While At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19____ to _____ 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE

23B. DATE SIGNED **APR. 17, 1971**

M.D. Attending Phys. Med. Director Staff Phys.

23C. PHYSICIAN'S NAME (Type) **DR ROY R. BAUER, DEPUTY**

23D. ADDRESS **542 4th AVE, P&H, PA**

24. BURIAL CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **APR. 21, 1971**

24C. NAME OF CEMETERY or CREMATOR **FAIRFIELD MEM. PARK** 24D. LOCATION (City, town, or county) (State) **STAMFORD, FAIRFIELD CO. CONN.**

DATE REC'D BY HEALTH DEPT. **4-18-71**

25B. NAME OF REGISTRAR **JANE S. HEBERLING** 25C. FUNERAL DIRECTOR **ROBERT B. NEELY, JR.** ADDRESS **2208 MT. ROYAL BLD. GLENHAVEN, PA. 15116**