

Dist. No. 310

## WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Serial No. 23

## CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	SEX	DATE OF DEATH	Year
1. Harry Graydon SHRIVER					2. Male	3. January 21, 1970	
RACE—White, Negro, American Indian, etc. (specify)		AGE—LAST BIRTHDAY (years)		Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)	COUNTY OF DEATH
4. White		5a. 83 73	5b. Mos. Days	5c. Hours Min.	6. Oct. 2, 1886	7a. Monongalia	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify yes or no)	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)				
7b. Morgantown		7c. Yes	7d. West Virginia University Hospital				
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SURVIVING SPOUSE (if wife, give maiden name)	
8. W. Va.		9. USA		10. Married		11. Dorothy Fluharty	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
12. 216-24-0870		13a. Unknown			13b.		
RESIDENCE—State	County	City, town, or location			INSIDE CITY LIMITS (specify yes or no)	Street and number	
14a.	14b. reene	14c. Brave			14d. es	14e. — — — —	
FATHER—NAME		BIRTHPLACE (state or country)		MOTHER—MAIDEN NAME		BIRTHPLACE (state or country)	
15a. n hriver		15b. W. Va.		16a. Bar ara Elizabeth Ha t		16b. W. Va.	
Was deceased ever in the U.S. armed forces? (Yes, no, or unknown)		If yes, give war or dates of service		INFORMANT—SIGNATURE		ADDRESS	
17a. no		17b. — — — —		18a. Record of Dece se		18b. WVU Hospital	
CAUSE OF DEATH [enter only one cause per line for (a), (b), and (c)]							Approximate interval between onset and death
19. Part I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE: (a) <u>adenocarcinoma of the pancreas</u>							<u>± 3 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
Due to (b)							
Due to (c)							
Part II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (specify)					DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 19)
21a.					21b.	21c. M.	21d.
INJURY AT WORK (specify yes or no)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (specify)			LOCATION (street or R.F.D. No., city or town, state)		
21e.		21f.			21g.		
I attended the deceased from <u>Dec. 29, 1969</u> to <u>Jan. 21, 1970</u> and last saw the deceased alive on <u>Jan. 21, 1970</u>							
22. Death occurred at		in on the date stated above; and to the best of my knowledge, from the causes stated.					
S N TURE		(Degree or title)		ADDRESS		DATE SIGNED	
23a. <u>W</u>		<u>M.D.</u>		<u>West Virginia University Hosp</u>		23c. <u>1-22-70</u>	
BURIAL, CR N, REMOVA (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. <u>Burial</u>		24b. <u>Wadestown</u>		24c. <u>Wadesto W Va</u>			
DATE (month, day, year)		FUNERAL HOME—NAME AND ADDRESS (street or R.F.D. No., city or town, state, zip)					
24d. <u>Janu 1970</u>		25a. <u>DeGarmo Funeral</u>		e <u>P O Box 166 Rivesville W V 26 88</u>			
FUNERAL DIRECTOR'S SIGNATURE		ATE SIGNED		DATE EC'D BY LOCAL REG.		REGIS RAR'S S ATURE	
25b.		25c. <u>1/24/70</u>		26a.			