## LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00

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This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 22666084

Certification Number

MENT OF WEATHERT OF HEALTH - VITACNETORDS REGISTRAN Date Issued

	. Decedent's Legal Nar George R.		it, Suffix)		2.	Sex 3		Security Numbe			eath (Mo/Da										
5	George K.		ar Sc. Under 1 Day	6. Date of	Birth (Mo/Day			7a. Birthplace	(City and St	ate or Foreig	gn Country)										
	67	Months [	Days Hours Min	May	17,194	8		Pittsh				a									
8	Ba. Residence (State or Foreign Country)   Bb. Residence (Street and Number - Include Apt No.)   Bc. Did Decedent there in a Township?																				
	115 IN Fet andorda to Reach RI and Lifes, become lived in																				
8	86. Residence (Zip Code) 1:33304 No, decedent lived within limits of Fort Lauderdale																				
	9. Ever in US Armed Forces?    Yes   No   Unknown   Unknown   N/A																				
	12. Father's Name (First, Middle, Last, Suffix)  13. Mother's Name Prior to First Marriage (First, Middle, Last)																				
1	J. George	Balada a Mara	Virginia Richards onship to Decedent 14c. Informant's Mailing Address (Street and Number, City, State, Zip Co					** T- C- d-1													
Margaret E Pidelman   Daughter   100 Timberlake Drive Venetia									15367												
DIRECTOR	15s. Place of Death (Check only one)  If Death Occurred in a Hospital:   Inpatient   If Death Occurred Somewhere Other Than a Hospital:   Hospice Facility   Decedent's Home																				
	Emergency Room	I 🗌 Nur	□ Nursing Home/Long-Term Care Facility  □ Other (Specify)																		
	15b. Facility Name (If not institution, give street and number) Canonsburg Hospital E.R.										d. County of Death Washington										
By: FU	16a. Method of Disposition 🔲 Burial 🔀 Cremation			16b. Date of	16b. Date of Disposition 16c. Place of Disposition (Name of cemetery, crematory, or or																
fled B	Removal from S  Other (Spe		4/2016			er Crema															
Veri	16d. Location of Dispo	17a. Signatu	17a. Signature of Funeral Service Ucensee or Person in Charge of Interment 17b. License Number						,												
letec		h, Pennsyl	ani	inten Openein FD 139138							38										
Completed/Verifled	17c. Name and Compl  L. Beinhau	ete Address of Fune er & Son (	hington	gton Rd. McMurray, Pennsylvania 153																	
Be	18. Decedent's Educat	19. Decedent of	9. Decedent of Hispanic Origin - Check the 20. Decedent's Race - Check the ox that best describes whether the decedent the decedent considered his					k ONE OR M	ORE races to	indicate wh											
	☐ 8th grade or less			is Spanish/Hisp	panic/Latino. (	o. Check the "No" nish/Hispanic/Latino.		White		☐ Korean ☐ Vietnamese											
	☐ High school grad	☐ High school graduate or GED completed			anish/Hispanic	nic/Latino		☐ Black or African American ☐ American Indian or Alaska N		ka Native	Native Other Asian										
	☐ Associate degre	Some college credit, but no degree Associate degree (e.g. AA, AS)			Rican	American, Chicano		☐ Asian Indian ☐ Chinese			☐ Native H										
	A Bachelor's degr	Bachelor's degree (e.g. BA, AB, BS)				anic/Latino		☐ Filipino ☐ Japanese			☐ Samoan ☐ Other Pacific Islande										
	Doctorate (e.g.	Doctorate (e.g. PhD, EdD) or Professional degree			)			Other (Spe	cify)		Construction (SMI)										
	(e.g. MD, DDS, DVM, LLB, JD)  21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himsoft or herself to be.   22a. Decedent's Usual Occupation - Inc								upation - Indi	cate type of											
	■ White ■ Black or African		☐ Samoan done during most of working life. DO NOT US						OT USE RETI												
	American India	☐ Don'	□ Don't Know/Not Sure				Sales														
	☐ Chinese	☐ Othe	Other (Specify)																		
_	Filipino	T DE COMMITTED	Guamanian or Char 23a. Date Pronounced		val Tash sie	nature of Ber	ron Bron	nouncing Death		uminu	23c. Licens	a Number									
	BY PERSON WHO PR CERTIFIES DEATH	ONOUNCES OR	238. Date Profidences	Dead (NIO/Day)	11) 250.5%	nature of ver	30111101	louncing beauti	Comy when	ippiicoon.)	Loc. occ.io	. Homoc									
	23d. Date Signed (Me	o/Day/Yr)	24. Time of Death 4:48 P.M.						. 12	⊠ Yes	□ No										
4:48 P.M. 25. Was Med							miner or	Coroner Conta	teor	& Yes	U No	Approxi									
	26. Part I. Enter t	he chain of events	diseases, injuries, or com	plicationsthat o	directly caused	the death. C	O NOT 6	enter terminal e	vents such a	s cardiac arre	26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, Interva										
	respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. 1 Onset to 0																				
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