CERTIFICATION OF VITAL RECORD

Death 019

STATE OF MAINE

ORIGINAL COPY STATE

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF DEATH

80 09935

1. DECEDENT—NAME FIRST	MIDDLE	LAST	2. SEX	DATE OF DEATH (Mo., Day, Yr.)
John	William	Shryock	Male	December 2, 1980

4. RACE—(e.g., White, Black, American Indian, etc.) (Specify)	5a. AGE—Last Birthday (Yrs.)	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY DAYS	HOURS 5c.	MINS.	DATE OF BIRTH (Mo., Day, Yr.)	7a. COUNTY OF DEATH
White	64					March 5, 1916	Cumberland

7b. CITY, TOWN OR LOCATION OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) 7d.
Westbrook	21 Hamlet Coach Park	

8. STATE OF BIRTH (If not in U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. ORIGIN OR DESCENT (e.g., Italian, Mexican, German, etc.)	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Kentucky	USA	American	Married	Eunice Holloway

13. SOCIAL SECURITY NUMBER	VETERAN Yes	VETERAN No	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14b. KIND OF BUSINESS OR INDUSTRY
400-01-2499	X		Salesman	

15a. RESIDENCE—STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER
Maine	Cumberland	Westbrook	21 Hamlet Coach Park

16. FATHER—NAME FIRST	MIDDLE	LAST	17. MOTHER—MAIDEN NAME FIRST	MIDDLE	LAST
Robert	S.	Shryock	Frances E.		Elliott

18a. INFORMANT—NAME (Type or Print)	18b. MAILING ADDRESS STREET OR R.F.D. NO.	CITY OR TOWN	STATE
Mrs Eunice Shryock	21 Hamlet Coach Park	Westbrook,	Maine

19a. BURIAL, CREMATION, REMOVAL, OTHER	MO.	DAY.	YEAR	19b. CEMETERY OR CREMATORY—NAME	19c. LOCATION CITY OR TOWN	STATE
Cremation	12/5/1980			Laurel Hill Cemetery	Saco,	Maine

20a. FUNERAL SERVICE LICENSEE or authorized person (Signature)	20b. NAME OF FACILITY	20c. ADDRESS OF FACILITY - CITY OR TOWN
Mowers Lord	Neal & York Funeral Home	Gorham, Maine

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ Merritt Hall, MD

21b. DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH	21d. DID NOT VIEW THE BODY AFTER DEATH
12-3-80	11:00 AM	Died

21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER Only

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶

22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON	22e. PRONOUNCED DEAD (Hour) AT

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)
Winton Briggs MD, 155 Spurwink Ave, Cape Elizabeth, ME 0410

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Acute Myocardial Infarction 410 — Interval between onset and death: Sudden

DUE TO—OR AS A CONSEQUENCE OF:

(b) Arteriosclerotic + Hypertensive Heart Disease — Interval between onset and death: -5 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(c) With Angina — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

Diabetes Mellitus

25. AUTOPSY (Specify Yes or No)	26. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)
No	No

27a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	27b. DATE OF INJURY (Mo., Day, Yr.)	27c. HOUR OF INJURY	M	27d. DESCRIBE HOW INJURY OCCURRED

27e. INJURY AT WORK (Specify Yes or No)	27f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	27g. LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE

28a. REGISTRAR (Signature) ▶	28b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
William L. Clarke	December 4, 1980

VS-3 R978

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

DATE ISSUED: OCT 18 2004

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

David R. Famous

ATTEST:

TOWN OF: STATE REGISTRAR

VS-31 R402 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

VOID IF ALTERED OR ERASED

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED