

91026125

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

(Fee for this certificate, \$3.00)

Dennis Kess  
P.O. Box 668 - Hwt 46342

Charles Hardester  
Charles Hardester  
State Registrar

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

MAY 2 1991

010820

Date

No.

FILED

MAY 29 1991

Ann R. Anton  
AUDITOR LAKE COUNTY

Document is NOT OFFICIAL!  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
VITAL STATISTICS

1109.144 REV. 1-73  
LOCAL REG. NO. 153

PRIMARY DIST. NO. 56802-520

This document is the property of the Lake County Recorder!

1. DEATH OCCURRED IN: <u>Somerset</u>		2. DECEASED'S MAILING ADDRESS: <u>Rt 2 Highway Somerset Pa</u>	
3. If death did not occur in city or borough, give name of township (Do not use R.D. or Box Number): <u>P.O.A.</u>		4. Full Name of Hospital or Institution (If not in hospital, give street address): <u>Somerset Community Hospital</u>	
5. NAME OF DECEASED (Last, first, middle): <u>Richard Jay Porter</u>		6. DATE OF DEATH: <u>7/30/74</u>	
7. WHERE DID DECEASED ACTUALLY LIVE: <u>Ind Lake</u>		8. Did deceased live in a township? <input checked="" type="checkbox"/> Yes, deceased lived in <u>Ind Lake</u>	
9. SEX: <u>M</u>	10. RACE: <u>W</u>	11. MARRIED: <input checked="" type="checkbox"/> NEVER MARRIED	12. DATE OF BIRTH: <u>9/22/1933</u>
13. USUAL OCCUPATION (even if retired): <u>Auto Vehicle Manager</u>		14. SOCIAL SECURITY NO.: <u>311-321545</u>	15. BIRTHPLACE (State or foreign country): <u>Plymouth Ohio</u>
16. FULL NAME OF SPOUSE: <u>Judy Ashley Porter</u>		17. MOTHER'S MAIDEN NAME: <u>Sama Mott</u>	
18. FATHER'S NAME: <u>Johnny Porter</u>		19. INFORMANT'S NAME, ADDRESS AND ZIP CODE: <u>Mrs. Judy Porter Rt 2 Hwt 46342</u>	

MEDICAL CERTIFICATION

20. CAUSE OF DEATH: Enter only one cause per line for (a) (b) & (c).

I. a. Acute congestive heart failure.

b. Acute anterior myocardial infarction.

c. Occlusive coronary arteriosclerosis.

II. Other Significant Conditions

21. WAS AUTOPSY PERFORMED? Yes  No

22. a. MANNER OF DEATH

22. b. DESCRIBE HOW INJURY OCCURRED

22. c. TIME OF INJURY: Hour 7 Minute 30 Day 30 Month 7 Year 1974

22. d. INJURY OCCURRED: While at work  Not while at work

22. e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.):

22. f. CITY, BOROUGH, TOWNSHIP, COUNTY, STATE:

23. I hereby certify that investigation of the death of the above named deceased resulted in the findings here stated, and that time of death is estimated on the date stated above.

a. Signature of coroner: Thomas D. Miller b. Address: 555 Taylor Ave Somerset Pa 15501 c. Date signed: 7/30/74

24. a. BURIAL  CREMATION  REMOVAL

24. b. DATE: 8/1/1974

24. c. NAME OF CEMETERY OR CREMATORY: Chapel Lawn Cem. Schuylkill Twp. Ind. Dist.

24. d. LOCATION (City, P.O., Rte., & County) (Name):

25. DATE REC'D BY REG: July 30, 1974

26. REGISTRAR'S SIGNATURE: Charles Hardester

27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: Thomas D. Miller Somerset, Pa 15501

01635

STATE OF INDIANA/S.S.IND. LAKE COUNTY FILED FOR RECORD

MAR 29 1991  
RECORDS RECEIVED  
LAKE COUNTY

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