59214 '93 MAR 31 AM 9 15 Vol. M93 Page 6438

After recording return to:
Sybil Schiffman
Rt. 1 Box 127K
Shenandoah Junction, WV 25442

MTC 29445-KR

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—BUREAU OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

- REGISTRATION AREA NUMBER: 231
- CERTIFICATE NUMBER: 635
- STATE FILE NUMBER:
- 1. FULL NAME OF DECEASED (first) Sacil (middle) William (last) Schiffman II
- 2. SEX: male ☑ female ☐
- 3. RACE: White
- 4. DATE OF DEATH (mo.) 11 (day) 28 (year) 85
- 5. AGE: 55 years
- 6. DATE OF BIRTH (mo.) (day) (year): Aug. 9, 1930
- 7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes ☐ no ☐
- 8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): Winchester Medical Center — DOA ☐ Outpat./Emer. Rm. ☐ Inpatient ☑
- 9. COUNTY OF DEATH (if independent city, leave blank): Fredrick
- 10. CITY OR TOWN OF DEATH: Winchester — inside city or town limits? yes ☑ no ☐
- 11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: Stewart St
- 12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: West Virginia
- 13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank): Jefferson County
- 14. CITY OR TOWN OF RESIDENCE: Route # 3 Box 338 — inside city or town limits? yes ☐ no ☒
- 15. STREET ADDRESS OR RT. NO. OF RESIDENCE: Kearneysville — ZIP CODE:
- 16. NAME OF FATHER OF DECEASED: Moe Schiffman
- 17. MAIDEN NAME OF MOTHER OF DECEASED: Ida Allenstein
- 18. CITIZEN OF WHAT COUNTRY: U.S.A.
- 19. BIRTHPLACE (state or country): New York
- 20. NEVER MARRIED ☐ MARRIED ☒ DIVORCED ☐ WIDOWED ☐
- 21. IF MARRIED OR WIDOWED, NAME OF SPOUSE: Sybil A. Schiffman
- 22. SOCIAL SECURITY NUMBER: 095-28-7050
- 23. USUAL OR LAST OCCUPATION: Park Service
- 24. KIND OF BUSINESS OR INDUSTRY: U.S. Government
- 25. INFORMANT OR SOURCE OF INFORMATION: Sybil A. Schiffman
- 26. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Small cell lung cancer — INTERVAL BETWEEN ONSET AND DEATH:
  - DUE TO, (b)
  - DUE TO, (c)
  - Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
- 26a. AUTOPSY? AUTHORIZED BY: yes ☐ no ☒
- 26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes ☐ no ☐ unknown ☐
- 26c. IF EXTERNAL CAUSE, IT WAS: accident ☐ suicide ☐ homicide ☐ pending ☐
- 26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
- 26e. TIME OF INJURY A.M. P.M. (mo.) (day) (year)
- 26f. INJURY OCCURRED: at work ☐ not while at work ☐
- 26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
- 26h. (city or town) (county) (state)
- 26i. To the best of my knowledge, death occurred at ___ (a.m.) (p.m.) on the date and place and from the cause(s) stated.
  - ACTUAL SIGNATURE: W. Houck (signature)
  - DATE SIGNED:
  - NAME OF ATTENDING PHYSICIAN (Type or Print): W. Houck
  - ADDRESS OF ATTENDING PHYSICIAN: Winchester, Virginia
- 27. BURIAL ☒ REMOVAL ☐ CREMATION ☐
- 28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state): B'Nai Abraham Cemetery, Halfway, Washington, Md.
- 29. (Signature of funeral director or person acting as such): R. Noel Brady (signature)
  - NAME OF FUNERAL HOME AND ADDRESS: A.K. Coffman Funeral Home Inc., Hagerstown, Maryland 21740
- 30. (Signature of registrar): Mary C. Williams (signature)
  - DATE RECORD FILED: 12.06.85

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the State Department of Health, Richmond, Virginia.

DEC 16 1985
Date Issued

Russell E. Booker, Jr. (signature)
RUSSELL E. BOOKER, JR., State Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 31st day of March A.D., 19 93 at 9:15 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 6438.

Evelyn Biehn County Clerk
By Annette Mueller (signature)

FEE $10.00