

AMENDED

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

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

COPY A
FOR BUREAU OF
VITAL STATISTICSREGISTRATION
AREA NUMBER
209CERTIFICATE
NUMBER
6MEDICAL EXAMINER'S
CERTIFICATESTATE FILE
NUMBER
72 000327

DECEDENT	1. FULL NAME OF DECEASED (first) (middle) (last) Gary Richard Dettenmayer							2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>				
	3. DATE OF DEATH Jan 8, 1972		4. AGE OF DECEASED 23 years		IF UNDER 1 YEAR months days		IF UNDER 1 DAY hours minutes		5. COLOR OR RACE White			
	6. NAME OF HOSPITAL OR INSTITUTION OF DEATH DOA Mary Washington Hospital							7. COUNTY OF (if independent city, leave blank) DEATH				
PLACE OF DEATH	8. CITY OR TOWN OF DEATH (if rural, so state) Fredericksburg							9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 2301 Washington Avenue				
	10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia							11. COUNTY OF DECEASED'S (if independent city, leave blank) RESIDENCE Spotsylvania				
USUAL RESIDENCE OF DECEDENT	12. CITY OR TOWN OF RESIDENCE Spotsylvania							13. STREET ADDRESS OR RT. NO. OF RESIDENCE Rt. 1 Box 140				
	14. NAME OF FATHER OF DECEASED George R. Dettenmayer							15. MAIDEN NAME OF MOTHER OF DECEASED Grace Renfrow				
PERSONAL DATA OF DECEDENT	16. DECEASED CITIZEN OF WHAT COUNTRY U.S.A.		17. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		18. IF MARRIED OR WIDOWED, NAME OF SPOUSE			22. DATE OF BIRTH (mo.) (day) (year) July 6, 1948				
	20. IF VETERAN, name war, or if peacetime only, so state		21. BIRTHPLACE (state or country) OF DECEASED St. Louis, Illinois		25. INFORMANT - OR SOURCE OF INFORMATION Family							
	23. USUAL OR LAST OCCUPATION Student		24. KIND OF BUSINESS OR INDUSTRY		26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Intravenous narcotism PENDING (methadone) DUE TO Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last. DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) 26a. AUTOPSY? yes <input checked="" type="checkbox"/> no <input type="checkbox"/> AUTHORIZED BY:							
TO MEDICAL EXAMINER:	26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>							26c. EXTERNAL CAUSE OF DEATH WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/>		26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II) Self injection		
	26e. TIME OF INJURY (mo.) (day) (year) A.M. 1/8/72 P.M.		26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input checked="" type="checkbox"/>		26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) Home		26h. (city or town) (county) (state) Spotsylvania Va		26i. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted at or about (AM/PM) from: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input checked="" type="checkbox"/>			
	ACTUAL SIGNATURE L. R. Moley, M.D.							MEDICAL EXAMINER FOR Fredericksburg, Va				
FUNERAL DIRECTOR	27. BURIAL <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>		28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) Sunset Memorial Gardens Spotsylvania Co., Va.									
	29. (signature of funeral director or person acting as such) Jack Shogren				NAME OF FUNERAL HOME AND ADDRESS: Wheeler & Thompson, Inc. Fredericksburg, Virginia							
REGISTRAR	30. (signature of registrar) Elaine Crowder				DATE RECORD FILED: 1-14-72		Med. cert. altered from amended report. 2/28/72					

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter or print legibly with ball-point pen, having dark unlined ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

NOTE: If "pending" must be indicated, notify registrar of final decision as soon as possible.

Citation:

<https://www.familysearch.org/ark:/61903/3:1:3Q9M-C95D-3S8L-W?view=index>