

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No.

19542891

Reg. Dist. No.

392

Primary Reg. Dist. No.

2187

Registrar's No.

2784

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <i>Ohio</i> b. COUNTY <i>Franklin</i>	
b. CITY (if outside corporate limits, write RURAL and give township) OR and give township VILLAGE <i>Columbus</i>		c. CITY (if outside corporate limits, write RURAL and give township) OR VILLAGE <i>Columbus</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1179 Greenwood Ave</i>		d. STREET (if rural, give location) ADDRESS <i>1179 Greenwood Ave</i>	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <i>Edward</i> b. (Middle) <i>A.</i> c. (Last) <i>Donalds.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7 3 1950.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6.22.1883</i>
9. AGE (In years last birthday) <i>67</i>		Under 1 Year Months Days	If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Used car Salesman Riders</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chevrolet</i>	11. BIRTHPLACE (State or foreign country) <i>Ohio</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		13. FATHER'S NAME <i>Alex Donalds.</i>	
14. MOTHER'S MAIDEN NAME <i>Sarah Adkins.</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No.</i>	
16. SOCIAL SECURITY NO. <i>300-01-4012</i>		17. INFORMANT'S SIGNATURE <i>Decline Donalds</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mixed tumor of R. Carotid Body</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <i>Small carcinoma</i> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>1950</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <i>April 1949</i>		19b. MAJOR FINDINGS OF OPERATION <i>Mixed tumor of R. Carotid Body</i>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <i>18 mo.</i> <i>6 mo.</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept</i> , 1949, to <i>July 3</i> , 1950, and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John Helen</i>		23b. ADDRESS <i>2244 E. Main Street</i>	
23c. DATE SIGNED <i>July 5, 1950</i>		23d. NAME OF CEMETERY OR CREMATORY <i>Farkes Lawn</i>	
23e. LOCATION (City, town, or county) (State) <i>Columbus O</i>		23f. NAME OF EMBALMER (LIC. NO.) <i>V.A. Peters 3955A.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>7.6.1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Farkes Lawn</i>		24d. LOCATION (City, town, or county) (State) <i>Columbus O</i>	
BIRTH NO. Do not write in this space		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <i>Schaedinger 2685</i>	
DATE REC'D BY LOCAL REG. <i>7-6-50</i>		REGISTRAR'S SIGNATURE <i>Geoffrid</i>	