

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 22
 Primary Reg. Dist. No. 2201

State File No. 092254
 Registrar's No. 694

1. PLACE OF DEATH
 a. COUNTY Erie
 b. CITY, VILLAGE, OR LOCATION Sandusky
 c. LENGTH OF STAY IN 1b

d. NAME OF HOSPITAL OR INSTITUTION Good Samaritan d.o.a.
 e. IS PLACE OF DEATH INSIDE CITY LIMITS?
 YES NO

2. USUAL RESIDENCE (Where deceased lived. If institution: Resi-
 dence before admission)
 a. STATE Ohio b. COUNTY Lucas
 c. CITY, VILLAGE, OR LOCATION Maumee
 d. STREET ADDRESS 1412 Bradshaw Court
 e. IS RESIDENCE INSIDE CITY LIMITS? YES NO f. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (TYPE OR PRINT) First Middle Last
Clifford B. Fannin

4. DATE OF DEATH Month Day Year
12 11 66

5. SEX Male **6. COLOR OR RACE** White
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 5-13-24 **9. AGE (In years last birthday)** 42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY H.J. Spieker Inc.
11. BIRTHPLACE (State or foreign country) Louisa, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B. Fannin **14. MOTHER'S MAIDEN NAME** Minnie Fields

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 403-20-7920 **17. INFORMANT'S NAME** Dorothy Fannin, Maumee, Ohio Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Recent, complete occlusion of left anterior descending coronary artery.
 Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary arteriosclerosis.
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.) _____

20c. TIME OF INJURY Hour Month, Day, Year
 a. m. _____
 p. m. _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) _____

20f. CITY, VILLAGE, OR LOCATION Maumee COUNTY, Lucas STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at 1:20 A. m. on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hann R. Jammy M.D. **22b. ADDRESS** Good Samaritan Hospital **22c. DATE SIGNED** 12-12-66

23a. BURIAL, CREMATION, (Specify) Burial **23b. DATE** 12/13/1966 **23c. NAME OF CEMETERY OR CREMATORY** Toledo Memorial Park **23d. LOCATION** ((City, town, or county) (State)) Sylvania, Ohio

24. NAME OF EMBALMER (LIC. NO.) Charles E. Nye 5260-A **25. FUNERAL DIRECTOR'S SIGNATURE** (LIC. NO.) Alvin W. Beach 2611

26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE)
Boyer-Van Wormer Funeral Home 5055 Secor Rd. Toledo, Ohio

27. DATE REC'D BY LOCAL REG. 12-14-66 **28. REGISTRAR'S SIGNATURE** Ruth Heid **29. DATE REC'D BY SUB-REGISTRAR** _____ **30. SUB-REGISTRAR'S SIGNATURE** _____

MEDICAL CERTIFICATION