

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

54871

CERTIFICATE OF DEATH

Reg. Dist. No. 1500

State File No. _____

Primary Reg. Dist. No. 1500Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Columbiana</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Columbiana</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Hanover Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Hanover Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET (If rural, give location) ADDRESS <u>R.D. # 1 Hanoverton</u>	
d. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.D. # 1 Hanoverton</u>			

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Austin</u> b. (Middle) <u>Roy</u> c. (Last) <u>Grimes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 13 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 11, 1893</u>	9. AGE (In years last birthday) <u>61</u>	Under 1 Year Months _____ Days _____	If Under 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Boat Landing</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13. FATHER'S NAME <u>Tom Grimes</u>	14. MOTHER'S MAIDEN NAME <u>Alnetta Stout</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No</u>	16. SOCIAL SECURITY NO. <u>296 - 03 - 3035</u>	17. INFORMANT'S SIGNATURE <u>Mrs. Annes Grimes</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 morn</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) <u>4201</u> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-27, 1953 to 9-13, 1954, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Ringsmith MD</u>	23b. ADDRESS <u>Hanoverton Ohio</u>	23c. DATE SIGNED <u>9-16-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Minerva Ohio</u>
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NAME OF EMBALMER (LIC. NO.) <u>Leroy G. Bartley 4253</u>	
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DATE REC'D BY LOCAL REG. <u>9-22-54</u>	REGISTRAR'S SIGNATURE <u>Thurza V. Bailey</u>	25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Leroy G. Bartley 5422-A</u>
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