

DIVISION OF VITAL STATISTICS

68017

Reg. Dist. No. P200

CERTIFICATE OF DEATH

State File No. _____

Primary Reg. Dist. No. 8200

Registrar's No. 88

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Vinton</u>	
b. CITY (If outside corporate limits, write RURAL or give township) VILLAGE <u>Zaleski, Ohio</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Zaleski, Ohio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET (If rural, give location) ADDRESS _____	

3. NAME OF DECEASED (TYPE OR PRINT) <u>Howard</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>McGraner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 22, 1952</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>September 11, 1889</u>		9. AGE (In years last birthday) <u>63</u>		Under 1 Year Months <u>1</u> Days <u>11</u>		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>Brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B&O Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Athens Co., Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13. FATHER'S NAME <u>Patrick McGraner</u>				14. MOTHER'S MAIDEN NAME <u>Elisabeth Artest</u>			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>World War I</u>		16. SOCIAL SECURITY NO. <u>705 07 8544</u>		17. INFORMANT'S SIGNATURE <u>Agnes T. McGraner</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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>Chronic myocarditis</u> <u>Coronary atherosclerosis</u>				<u>5 years</u> <u>5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>4201</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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 Feb, 1944, to 9/12, 1952, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Chamberlain</u>		(Degree or title) _____		23b. ADDRESS <u>44 Arthur St.</u>		23c. DATE SIGNED <u>12-23-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/24/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Athens, Athens, Ohio</u>	
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BIRTH NO. Do not write in this space				NAME OF EMBALMER (LIC. NO.) <u>Paul E. Wrightsel 4547A</u>			
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DATE REC'D BY LOCAL REG. <u>10/31/52</u>		REGISTRAR'S SIGNATURE <u>Harriet T. Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Paul E. Wrightsel 3332</u>	
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MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

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7000