

Reg. Dist. No. 2905

CERTIFICATE OF DEATH

State File No. _____

Primary Reg. Dist. No. _____

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE <u>Xenia</u>		c. LENGTH OF STAY (In this place) <u>41</u> days	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McClellan Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Clarksville</u>	
		d. STREET (If rural, give location) ADDRESS	

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Harlan</u>		b. (Middle)		c. (Last) <u>Wysong</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>1905 Apr 13</u>		9. AGE (In years last birthday) <u>46</u>	
						Under 1 Year Months <u>3</u>	If Under 24 Hrs. Days <u>24</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Store manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cigar store</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio, Clarksville</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Edward Wysong</u>				14. MOTHER'S MAIDEN NAME <u>Eva Jones</u>			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE <u>X Edm Wysong</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>---</u> rise to the above cause, (a) stating the underlying cause last. DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <u>5810</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jun 15, 1951, to Aug 7, 1951, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Reyburn McClellan MD</u>		23b. ADDRESS <u>Rogers St., Xenia Ohio</u>		23c. DATE SIGNED <u>51 Aug 7</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksville</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville, Ohio</u>	
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BIRTH NO. Do not write in this space		NAME OF EMBALMER <u>Willard Roby</u>		(LIC. NO.) <u>4559A</u>	
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DATE REC'D BY LOCAL REG. <u>8/9/51</u>		REGISTRAR'S SIGNATURE <u> Gordon E. Savage</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harriet B. Hannah</u>		(LIC. NO.) <u>2855</u>	
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