

DIVISION OF VITAL STATISTICS

9961

CERTIFICATE OF DEATH

State File No.

Registrar's No.

77

Reg. Dist. No. 234

Primary Reg. Dist. No. 275

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| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE Stevensville | | c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Stevensville | |
| c. LENGTH OF STAY (In this place) 10 days | | d. STREET (If rural, give location) ADDRESS #3827 Bristol Ave | |
| d. FULL NAME OF (If NOT in hospital or institution, give street address or location) INSTITUTION Gill Memorial Hospital | | | |

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| 3. NAME OF DECEASED (TYPE OR PRINT) a. (First) John b. (Middle) William c. (Last) Bates | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 10 1949 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 10 1884 | 9. AGE (In years last birthday) 65 | Under 1 Year Months 1 Days no | If Under 24 Hrs Hours no Min. no |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Deputy Sheriff | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Stevensville | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13. FATHER'S NAME Thomas Bates | 14. MOTHER'S MAIDEN NAME Margaret Grant |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? no | 16. SOCIAL SECURITY NO. 268-12-8088 | 17. INFORMANT'S SIGNATURE Robert D. Bates |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 10 days about 1 year |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary sclerosis DUE TO (b) Coronary sclerosis | | |
| II. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED While at <input type="checkbox"/> Work Not While at Work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **Feb 1, 1949**, to **Feb 10, 1949**, and that death occurred at **12:40 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Dr. M. H. Connelley MD | 23b. ADDRESS Stevensville Ohio | 23c. DATE SIGNED Feb 11 1949 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Feb. 14 1949 | 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery | 24d. LOCATION (City, town, or county) (State) Stevensville Ohio |
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| BIRTH NO. | Do NOT write in this space | NAME OF EMBALMER (LIC. NO.) Oliver W. Burford 35922 |
| DATE REC'D BY LOCAL REG. 2-14-49 | REGISTRAR'S SIGNATURE Katherine Williams | 25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) Oliver W. Burford 398 |