

**OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

State File No. 7220
Registrar No. 62

1. PLACE OF DEATH COUNTY <u>Crawford</u>		3. USUAL RESIDENCE (Where deceased died if temporary and since before admission) STATE <u>Ohio</u> COUNTY	
2. CITY (If within corporate limits, with ALLEYS and ST. LOTS) OR VILLAGE <u>Rocky River</u>		4. STREET (If rural, give location) <u>20723 Beekwood</u>	
5. NAME OF DECEASED (First) (Middle) (Last) <u>CUNTON H. BROWN</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>12-31-55</u>	
7. SEX <u>M</u>	8. COLOR OR RACE <u>W</u>	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	10. DATE OF BIRTH <u>July 8, 1905</u>
11. OCCUPATION <u>Managerial Dept</u>	12. KIND OF BUSINESS OR INDUSTRY <u>Thompson Smelting Corp.</u>	13. BIRTHPLACE (State or foreign country) <u>Black Oak Penna</u>	
14. FATHER'S NAME <u>Hughes Brown</u>		15. MOTHER'S MAIDEN NAME <u>Therese Hall</u>	
16. SOCIAL SECURITY NO. <u>554-03-5173</u>		17. INFORMANT'S SIGNATURE <u>Mrs. Mary Brown</u>	

18. CAUSE OF DEATH DIRECTLY LEADING TO DEATH (a) (b) (c) ANTHROPIC CAUSE Natal conditions (1) any injury due to (2) falling (3) the underlying cause last DUE TO (d)	MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Circulatory Failure</u>		19. ICD-9 CODE <u>4201</u>
	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (b) <u>Coronary Thrombosis With Myocardial Infarction</u>		
	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (c) <u>Arteriosclerosis</u>		
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			
21. MAJOR FINDINGS OF OPERATION			

22. ACCIDENT (Specify) NON-FATAL	21a. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, building, forest, etc.)	21b. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <u>0751</u>
23. TIME OF INJURY (Month) (Day) (Year) (Hour)	21c. INJURY OCCURRED While at Work <input type="checkbox"/> No While at Work <input checked="" type="checkbox"/>	21d. HOW DID INJURY OCCUR

I hereby certify that I attended the deceased from February, 1952 to Dec. 31, 1955 and that death occurred at 2:45 A.M. from the cause and on the date stated above.

24. SIGNATURE <u>Howard Sprague</u>	25. ADDRESS <u>14805 Detroit Ave. Lakewood, Ohio</u>	26. DATE SIGNED <u>12/31/55</u>
27. MARRIAGE (Specify)	28. DATE <u>Jan 3, 1956</u>	29. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u>
	30. LOCATION (City, town, or street) (State) <u>Rocky River Ohio</u>	31. NAME OF EMBALMER (LIC. NO.) <u>LESTER W. WAKENAM 3944 A</u>

32. DATE REC'D BY LOCAL REG. <u>1-3-56</u>	33. REGISTRAR'S SIGNATURE <u>Lester W. Wakenam</u>	34. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Frank R. Dutton 1538</u>
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