

Reg. Dist. No. 25
Primary Reg. Dist. No. 2501

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1621
State File No. 049907
Registrar's No. 3663

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Jackson</u>	
b. CITY, VILLAGE, OR LOCATION <u>Columbus</u>		c. LENGTH OF STAY IN 1b <u>7 days</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <u>University Hospital</u>		d. STREET ADDRESS <u>295 W. South St.,</u>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) First Middle Last <u>Louis Baird Duncan</u>			4. DATE OF DEATH Month Day Year <u>7/17/1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10/6/93</u>	9. AGE (In years last birthday) <u>66</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Worker</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>State Highway Dept.</u>			11. BIRTHPLACE (State or foreign country) <u>Coalton, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James Duncan</u>			14. MOTHER'S MAIDEN NAME <u>Martha Farmer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>124-1-19</u>		
17. INFORMANT'S SIGNATURE <u>Mr. L. O. Duncan</u>			Address <u>Jackson, O.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u>			
} DUE TO (c) <u>hypertension</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, VILLAGE, OR LOCATION	COUNTY, STATE

21. I attended the deceased from <u>7-11-60</u> to <u>7-17-60</u> and last saw him alive on <u>7-17-60</u> Death occurred at <u>6:27 PM</u> on the date stated in 4; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>V. V. Neills M.D.</u>		22b. ADDRESS <u>University, Columbus, O.</u>	22c. DATE SIGNED <u>7-17-60</u>

23a. BURIAL, CREMATION, (Specify) <u>Burial</u>	23b. DATE <u>7/20/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson, Ohio.</u>
24. NAME OF EMBALMER <u>Ralph E. Burrell</u>		(LIC. NO.) <u>5162A</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Chamber</u>
26. FUNERAL FIRM AND ADDRESS <u>Plummer Funeral Home, 102 Portsmouth St. Jackson, Ohio</u>		(STREET NO.) <u>102</u>	(CITY) (STATE) <u>Jackson Ohio</u>

27. DATE REC'D BY LOCAL REG. <u>7-21-60</u>	28. REGISTRAR'S SIGNATURE <u>Carl Kellenbach</u>	29. SUB-REGISTRAR'S SIGNATURE
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