

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

4200
State File No. 278543
Registrar's No.

No. 25
Reg. Dist. No. 250

CERTIFICATE OF DEATH

1. PLACE OF DEATH
COUNTY Franklin
CITY, VILLAGE, OR LOCATION Columbus
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) Woodlawn Manor 51 Woodlawn
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ohio
b. COUNTY Fairfield
c. CITY, VILLAGE, OR LOCATION Pickerington
d. STREET ADDRESS Main St.
e. IS RESIDENCE INSIDE CITY LIMITS? YES NO f. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (TYPE OR PRINT) EARL A MOORE
First Middle Last
4. DATE OF DEATH Nov. 28-61
Month Day Year

5. SEX Male
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH July 29-78
9. AGE (In years last birthday) 83
If Under 1 Year: Months Days
If Under 24 Hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pitcher
10b. KIND OF BUSINESS OR INDUSTRY Bare Ball
11. BIRTHPLACE (State or foreign country) Pickerington, O.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Reason G Moore
14. MOTHER'S MAIDEN NAME Martha Ann Claybaugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE Laura Vandemark
Address Pickerington, Ohio

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory failure
DUE TO (b) Coronary occlusion 4200
DUE TO (c) Myocardial infarction
Conditions, if any which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
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 NOT WHILE AT WORK
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 Sept 4, 1960 to Nov 26, 1961 and last saw her alive on Nov 20, 61
Death occurred at _____ m on the date stated in 4, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Ernest H. Winkler M.D.
22b. ADDRESS
22c. DATE SIGNED Nov 30, 61

23a. BURIAL, CREMATION, (Specify) Burial
23b. DATE Dec 1-61
23c. NAME OF CEMETERY OR CREMATORY Glen Rest
23d. LOCATION (City, town, or county) (State) Fairfieldburg Ohio

24. NAME OF EMBALMER J. E. Grimes (LIC. NO.)
25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) J. E. Grimes 776

26. FUNERAL FIRM AND ADDRESS J. E. Grimes 445 High Canal Winchester Ohio (CITY) (STATE)
27. DATE REC'D BY LOCAL REG. 12-4-61
28. REGISTRAR'S SIGNATURE E. Grimes - 11-30-61
29. SUB REGISTRAR'S SIGNATURE

MEDICAL CERTIFICATION

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