

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 067434
Register No. 370

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

File No. 77
Primary Reg. No. 7700

1. 032
2. 0400
3. 7
4. 36
5. 10

DECEDENT-NAME Thurman Leo MUNSON Sex Male Date of Death (Mo., Day, Year) Aug 2 1979
 RACE- (U.S. White, Black, Amer. Indian, etc.) (Specify) White AGE- (Years, Months, Days) 32 DATE OF BIRTH (Mo., Day, Year) July 7 1947 COUNTY OF DEATH Summitt
 CITY, VILLAGE OR LOCATION OF DEATH Greensburg Road; Green Township HOSPITAL OR OTHER INSTITUTION- (Name if you so desire, give street and number) In Scene
 STATE OF BIRTH (If not in U.S.A.) Ohio COUNTRY OF BIRTH USA SOCIAL SECURITY NUMBER 289 - 46 - 5337
 (If U.S. born, give date of arrival) No (If foreign born, give date of arrival) German-American
 USUAL OCCUPATION Baseball Player (If deceased ever in U.S. Armed Forces (If yes, give date of service) No (If yes, give date of discharge) No
 MARRIED, NEVER MARRIED, RE-MARRIED, DIVORCED (Specify) Married SURVIVING SPOUSE (If with, give address) Diane Dominick
 USUAL OCCUPATION 2004 (Last of work done during most of working life, less if retired) Baseball

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

FATHER-NAME Dorrell Munson MOTHER-MARKER NAME Ruth Sniley
 INFORMATION-NAME (Type or Print) Mrs Diana Munson MAILING ADDRESS (Street or R.F.D. No.) 5200 Plain Center Rd N.E. CITY OR TOWN Canton STATE Ohio ZIP 44714

7600

DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]
 IMMEDIATE CAUSE Asphyxiation
 DUE TO, OR AS A CONSEQUENCE OF: Acute Laryngeal edema
 DUE TO, OR AS A CONSEQUENCE OF: Inhalation of superheated air + toxic substances

CAUSE OF DEATH

LIST ALL OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in Part I.)
 ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify) Accident DATE OF INJURY (Month, Day, Year) August 2, 1979 HOUR 02 P. HOW INJURY OCCURRED (Brief nature of injury in Part I or Part II, Item 14) Airplane crash

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To be Completed by ATTENDING PHYSICIAN Only
 To be Completed by CORONER Only
 NAME AND ADDRESS OF CERTIFIER (Physician or Coroner) (Type or Print) A.H. Kyriakides, M.D., 31 North Summit Street; Akron, Ohio #44308
 SIGNATURE AND TITLE (Type or Print) Adam J Rossi Jr. #6025-A Green J Rossi 4904
 SIGNATURE OF LOCAL REGISTRAR Martha D Nelson DATE PERMIT ISSUED 8-13-79 SIGNATURE OF PERSON ISSUING PERMIT Linda Joseph 7601

DISPOSITION

NAME AND ADDRESS OF CERTIFIER (Physician or Coroner) (Type or Print) A.H. Kyriakides, M.D., 31 North Summit Street; Akron, Ohio #44308
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OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
COLUMBUS

SUPPLEMENTARY MEDICAL CERTIFICATE

NAME OF DECEASED Thurman L. Munson 067434
 PLACE OF DEATH Greensburg Road; Green Township DATE OF DEATH August 2, 1979

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]
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THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS