

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

55956

## CERTIFICATE OF DEATH

State File No.

Registrar's No.

5272

Reg. Dist. No. 484

Primary Reg. Dist. No. 3227

1. PLACE OF DEATH a. COUNTY <b>Hamilton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Hamilton</b>	
b. CITY (If outside corporate limits, write RURAL OR and give township) <b>Cincinnati</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cincinnati</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3068 Colerain Ave.</b>		d. STREET (If rural, give location) ADDRESS <b>3068 Colerain Ave.</b>	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <b>George</b> b. (Middle) c. (Last) <b>Paner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 28, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 6, 1871</b>
9. AGE (In years last birthday) <b>79</b>		Under 1 Year Months <b>2</b> Days <b>22</b>	Under 24 Hrs. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Collector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ret. 10 yrs.</b>	11. BIRTHPLACE (State or foreign country) <b>Cincinnati, Ohio</b>
12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME <b>Bertna Schramm</b>	
13. FATHER'S NAME <b>George Paner</b>		17. INFORMANT'S SIGNATURE <i>Mrs. Geo. Paner</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Carcinoma of liver</b> 1561 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver</b> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ vise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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? Yes <input type="checkbox"/> No <input type="checkbox"/>		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>8/1, 1950</b> , to <b>9/28, 1950</b> , and that death occurred at <b>5:15 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Harold Kopman MD</i>		23b. ADDRESS <b>2924 Colerain</b>	
23c. DATE SIGNED <b>9-20-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10-1-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Spring Grove Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Cincinnati, Ohio</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles A. Miller</i>	
BIRTH NO. Do not write in this space		NAME OF EMBALMER (LIC. NO.) <b>John M. Brown 5161 A</b>	
NOTE REC'D BY LOCAL REG. <b>10/2/50</b>		REGISTRAR'S SIGNATURE <i>R. E. Weber MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles A. Miller</i>		(LIC. NO.) <b>1241</b>	