

18

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

177

Reg. Dist. No.

1801

CERTIFICATE OF DEATH

State File No.

001073

Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Cuyahoga</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Ohio</i> b. COUNTY <i>Cuyahoga</i>	
b. CITY, VILLAGE, OR LOCATION <i>Cleveland</i>		c. CITY, VILLAGE, OR LOCATION <i>Cleveland</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <i>St. Lukes</i>		d. STREET ADDRESS <i>2980 So. Woodland Blvd.</i>	
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 <i>William</i>			4. DATE OF DEATH Month Day Year <i>11 25 1959</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-30-1894</i>	9. AGE (In years last birthday) <i>64</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
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. <i>273-09-9170</i>		17. INFORMANT'S SIGNATURE <i>William</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <i>hypertension</i>			
DUE TO (c) <i>177X</i>			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, VILLAGE, OR LOCATION	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated in 4, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. W. Miller</i>	22b. ADDRESS <i>414 W. ...</i>	22c. DATE SIGNED <i>11/25/59</i>	

23a. BURIAL, CREMATION, (Specify) <i>Burial</i>	23b. DATE <i>11/25/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>...</i>	23d. LOCATION (City, town, or county) (State) <i>Cleveland 5 Ohio</i>
24. NAME OF EMBALMER <i>R. W. Vale</i>	(LIC. NO.)	25. FUNERAL DIRECTOR'S SIGNATURE <i>P. D. Miller</i>	(LIC. NO.) <i>3711</i>
26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE) <i>Lester J. Gallagher Funeral Home - 9615 Miles Ave. Cleveland Ohio</i>			

27. DATE REFILED BY REG. <i>JAN 9 1960</i>	28. REGISTRAR'S SIGNATURE <i>W. W. Miller</i>	29. SUB-REGISTRAR'S SIGNATURE
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MEDICAL CERTIFICATION