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OHIO DEPARTMENT OF HEALTH

034320

Reg. Dist. No.
Primary Reg. Dist. No.

DIVISION OF VITAL STATISTICS

State File No.
Registrar's No. 4327

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last SEX DATE OF DEATH (Month, Day, Year)
Lester L. Fosselman Male May 21, 1970

RACE If his, negro, american indian, etc. (Specify) white AGE—Last birthday (years) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Month, Day, Year) COUNTY OF DEATH
5a. 18 5b. 5c. 6. May 7, 1921 7a. Cuyahoga

CITY, VILLAGE, OR LOCATION OF DEATH INSIDE CITY LIMITS (Specify yes or no) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
7a. Cleveland 7c. 7d. 7e. 7f.

STATE OF BIRTH (If not in U.S.A., name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name)
8. W. Tyne, Oklahoma 9. 10. 11. Katherine Larson

SOCIAL SECURITY NUMBER WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)
12a. 337 18 5193 12b. 10-26-42 - 12-22-45

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY
13a. driver—gas station 13b. Beverage Distributor

RESIDENCE—STATE COUNTY CITY, VILLAGE OR LOCATION INSIDE CITY LIMITS (Specify yes or no) STREET AND NUMBER
14a. Ohio 14b. Lake 14c. 14d. 14e. 14f. 14g. 14h. 14i. 14j. 14k. 14l. 14m. 14n. 14o. 14p. 14q. 14r. 14s. 14t. 14u. 14v. 14w. 14x. 14y. 14z.

FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last
15. 16.

INFORMANT—NAME MAILING ADDRESS (Street or R.F.D. no., city or village, state, zip)
17a. 17b. 17c. 17d. 17e. 17f. 17g. 17h. 17i. 17j. 17k. 17l. 17m. 17n. 17o. 17p. 17q. 17r. 17s. 17t. 17u. 17v. 17w. 17x. 17y. 17z.

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. Bilateral Bronchio Pneumonia
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF
19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part I. (a) AUTOPSY (Yes or no) IF YES were findings considered in determining cause of death
19a. YES 19b. YES

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify) DATE OF INJURY (Month, Day, Year) HOUR HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)
20a. 20b. 20c. 20d.

INJURY AT WORK (Specify yes or no) PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify)) LOCATION (Street or R.F.D. no., city or village, state, zip)
20a. 20b. 20c.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM DATE TO DATE AND LAST SAW HIM/HER ALIVE ON DATE I DID/DID NOT VIEW THE BODY AFTER DEATH: DEATH OCCURRED (HOUR) At the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.

CERTIFICATION—CORONER: (On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated.) How of death The decedent was pronounced dead
22a. 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.

CERTIFIER—NAME (Type or print) SIGNATURE Degree or title DATE SIGNED
23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR VILLAGE STATE ZIP
23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.

BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, village, or county) (State)
24a. Burial 24b. 5-25-70 24c. Woodland Memorial Park 24d. Mayfield Hts., Ohio

NAME OF EMBALMER FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE) (ZIP)
25a. James D. Kane 6220 25b. Lee C. Stiles 3146 25c. Chas Melbourne & Sons Inc. 12737 Euclid Ave East Cleveland, Ohio 44112

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE DATE PERMIT ISSUED SIGNATURE OF PERSON ISSUING PERMIT DIST. NO.
26a. MAY 26 1970 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.