

OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

12381

84D

Reg. Dist. No. 310  
Primary Reg. Dist. No. 310

State File No. \_\_\_\_\_  
Registrar's No. 1583

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Hamilton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)	
b. CITY, VILLAGE, OR LOCATION <u>Cincinnati</u>		c. CITY, VILLAGE, OR LOCATION <u>Terrace Park</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>Christ Hospital</u>		f. STREETS ADDRESS <u>2 Lexington Circle</u>	
e. LENGTH OF STAY IN 1b.		g. STATE <u>Ohio</u>	
h. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		i. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
j. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		k. COUNTY <u>Hamilton</u>	

3. NAME OF DECEASED (TYPE OR PRINT) <u>Eppa Rixey, Jr.</u>			4. DATE OF DEATH Month <u>2</u> Day <u>28</u> Year <u>1963</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
8. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. DATE OF BIRTH <u>5-2-1891</u>		10. AGE (In years) (last birthday) <u>71</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ins. Agency</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Rixey Ins. Agency</u>		13. BIRTHPLACE (State or foreign country) <u>Gettysburg Va.</u>
14. CITIZEN OF WHAT COUNTRY		15. FATHER'S NAME <u>Eppa Rixey, Sr.</u>		16. SOCIAL SECURITY NO. <u>302-05-9296</u>
17. MOTHER'S MAIDEN NAME <u>Willie Walton</u>		18. INFORMANT'S NAME <u>Dorothy Meyers Rixey, wife</u>		19. ADDRESS <u>Lexington Circle Terrace Park Ohio</u>
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <u>1963</u>		21. INFORMANT'S RELATIONSHIP TO DECEASED <u>Wife</u>		22. SIGNATURE OF INFORMANT <u>Dorothy Meyers Rixey</u>

10. CAUSE OF DEATH (List only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>acute coronary thrombosis</u>		b. <u>Myocardial infarction</u>	
c. <u>Myocardial infarction</u>		d. <u>Myocardial infarction</u>	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Character of injury in Part I or Part II of item 10.)	
21a. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, VILLAGE, OR LOCATION <u>Cincinnati</u>		21d. COUNTY, STATE <u>Hamilton Ohio</u>	
21e. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m. on the date stated in 4, and is to the best of my knowledge from the causes stated.		21f. SIGNATURE <u>Harold Wittmeyer</u>	
22a. SIGNATURE <u>Harold Wittmeyer</u>		22b. ADDRESS <u>476 Hollister St Cincinnati Ohio</u>	
22c. DATE SIGNED <u>3/2/63</u>		22d. DATE SIGNED	
23a. BURIAL CREMATION (If cremated, give date)		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Hilford Ohio</u>	

24. NAME OF EMBALMER <u>Harold Wittmeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Wittmeyer</u>	
26. FUNERAL FIRM AND ADDRESS <u>Schaefer &amp; Busby, Inc. 21 W 9th St. Cincinnati Ohio</u>		27. DATE RECD BY LOCAL REG. <u>MAR 5 1963</u>	
28. REGISTRAR'S SIGNATURE <u>Mariburn Berens</u>		29. DATE RECD BY SUB-REGISTRAR	
30. SUB-REGISTRAR'S SIGNATURE		31. DATE RECD BY SUB-REGISTRAR	

MEDICAL CERTIFICATION