

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No. 76292Registrar's No. 51Reg. Dist. No. 550Primary Reg. Dist. No. 4811

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE <b>Cadiz (Rural)</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Infirmary</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <b>Cadiz</b>	
		d. STREET (If rural, give location) ADDRESS <b>Lincoln Ave.</b>	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <b>MOSES</b>		b. (Middle) <b>CALHOUN</b>	
		c. (Last) <b>VASBINDER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 22nd 1950</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 19 1880</b>
9. AGE (In years last birthday) <b>70</b>		Under 1 Year Months <b>5</b> Days <b>3</b>	If 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>Live Stock Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Scio Ohio</b>
13. FATHER'S NAME <b>William H. Vasbinder</b>		14. MOTHER'S MAIDEN NAME <b>Nancy Calhoun</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE <i>Mrs. Charles Davis</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, atchensia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Chronic nephritis</i> DUE TO (c) <i>592X</i> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED White at <input type="checkbox"/> Not White <input type="checkbox"/> Work <input type="checkbox"/> at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/15, 1950</u> , to <u>12/22, 1950</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>R. P. Rude M.D.</i>		23b. ADDRESS <i>Cadiz, Ohio</i>	23c. DATE SIGNED <i>12/27/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-26-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union</b>	24d. LOCATION (City, town, or county) (State) <b>Cadiz Ohio</b>
BIRTH NO. Do not write in this space		NAME OF EMBALMER (LIC. NO.) <b>J. W. Gillespie 2307 A</b>	
DATE REC'D BY LOCAL REG. <i>Dec 29/50</i>	REGISTRAR'S SIGNATURE <i>Mary Sample</i>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <i>J. W. Gillespie 755</i>