

OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No.

18272

Registrar's No.

53

1. CAUSE OF DEATH <i>like</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <i>Ohio</i> b. COUNTY <i>Adk.</i>	
CITY (If outside corporate limits, write RURAL and give township) VILLAGE <i>Painesville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <i>Rural Perry</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lake Co. Hospital</i>		d. STREET (If rural, give location) ADDRESS <i>North Ridge</i>	
3. NAME OF DECEASED (Type or print) a. (First) <i>Edward</i> b. (Middle) <i>Charles</i> c. (Last) <i>Houlik</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 29 1955</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Married</i>	8. DATE OF BIRTH <i>Aug 20 1891</i>
9. AGE (In years last birthday) <i>63</i>		Under 1 Year: Months _____ Days _____ If Under 24 Hrs.: Hours _____ Min. _____	
10a. USUAL OCCUPATION <i>Machinist</i>		10b. BUSINESS OR INDUSTRY <i>Forge</i>	
11. BIRTHPLACE (State or foreign country) <i>Cleveland, Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Michael Houlik</i>		14. MOTHER'S MAIDEN NAME <i>Anna Halle</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>		16. SOCIAL SECURITY NO. <i>371-05-7567</i>	
17. INFORMANT'S SIGNATURE <i>David C. Houlik Jr.</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Cerebral thrombosis</i> <i>Arteriosclerosis</i> <i>Polio</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>33PX</i>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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 (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that the deceased died from <i>10-22-1954</i> to <i>3-19-1955</i> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>James Conroy</i>		23b. ADDRESS <i>Perry, Ohio</i>	
23c. DATE SIGNED <i>3-22-55</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>March 23, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Perry Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Perry Ohio</i>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <i>W.M. Bell 3462</i>	
NAME OF EMBALMER (LIC. NO.) <i>T.A. Stanton 3149A</i>		FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE) <i>Behm Funeral Home 26 River St. Madison Ohio</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>3/23/55 Oscar C. Wilder R.R.</i>		SUB-REGISTRAR'S SIGNATURE	