

OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

83147

Reg. Dist. No. 22  
Primary Reg. Dist. No. 2200

State File No. \_\_\_\_\_  
Registrar's No. 638

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Summit</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>	
b. CITY (If outside corporate limits, write OR RURAL and give township) <u>Village Sagamore Hills</u>		c. LENGTH OF STAY (in this place) <u>4 mos. 24 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) <u>Hawthornden State Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Village Cleveland,</u>	
		d. STREET (If rural, give location) ADDRESS <u>11716 Continental Avenue</u>	

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>WILLIAM</u> b. (Middle) _____ c. (Last) <u>WASHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 8, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-11-1882</u>	9. AGE (In years last birthday) <u>73</u>	Under 1 Year Months _____ Days _____	If Under 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION <u>Plasterer - Retired Bldg. Construction</u>	10b. BUSINESS INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13. FATHER'S NAME <u>Unknown William Washer</u>	14. MOTHER'S MAIDEN NAME <u>Unknown Alice Smith</u>
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15. WAS DECEASED EVER IN U. S. ARMY FORCES? <u>No</u>	16. SOCIAL SECURITY NO. <u>285-07-2774</u>	17. INFORMANT'S SIGNATURE <u>M. Showalter</u> From Hawthornden Hospital Records
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		Indef
	ANTECEDENT CAUSES Morbid conditions, if any, DUE TO (b) <u>Cardiovascular Disease with Arteriosclerosis</u> giving rise to the above cause (a), stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
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) <u>5197</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Work Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that attending the deceased from July 14th, 1955 to December 8th, 1955, and that death occurred at 2:05 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hawthornden, Macedonia, O.</u>	23c. DATE SIGNED <u>12-8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>Dec 12, 1955</u>	24b. NAME OF CEMETERY OR CREMATORY <u>Mendale Cemetery</u>	24c. LOCATION (City, town, or county) (State) <u>Akron Ohio</u>
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NAME OF EMBALMER <u>Ralston W. Dale</u>	(LIC. NO.) <u>4124-A</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Howard W. Edwards</u>	(LIC. NO.) <u>2818</u>
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JUNE F RM AND DD S <u>the</u>	(STREET NO.) <u>13145 Euclid Ave</u>	(CITY) <u>Cleveland</u>	(STATE) <u>Ohio</u>
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DATE REC'D BY LOCAL REG. <u>12-13-55</u>	REGISTRAR'S SIGNATURE <u>Charles P. Wallis</u>	SUB-REGISTRAR'S SIGNATURE <u>M. Showalter</u>	DATE <u>12-11-55</u>	NAME <u>Judson, O</u>
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