Ohio Department of Health VITAL STATISTICS

CERTIFICATE OF DEATH

State File No.

Type or print in permanent blue or black ink 1.Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) 2. Sex 3. Date of																
	1.Decedent's Legal Na	ame (Firs	st, Middle, I	Last, Suffix	(Include	e AKA's if any	<mark>/)</mark>					2. Sex	3. Date	of Death (N	/lo/Day/Year)	
DECEDENT	4. Social Security Number 5a. Age (Years) Mont				Under 1 Year 5c. Under 1 day ths Days Hours Minutes			6. Date o	6. Date of Birth(Mo/Day/Year) 7. Birth			ace(City and State or Foreign Country)				
	8a. Residence State 8b. County								Bc. City or Town							
DEC	8d. Street and Number								8e. Apt. No. 8f. Zipcode					8g. Inside City Limits?		
	9. Ever in US Armed Forces? 10. Marital Status at Time of Death								11. Surviving Spouse's Name (If wife, give name prior to first marriage)							
	12. Decedent's Educa	ition					13. De	cedent of His	spanic Orig	in 14. D	<mark>ecedent's l</mark>	Race				
	15. Father's Name								16. Mother's Name (prior to first marriage)							
REGISTRAR DISPOSITION	17a. Informant's Name								17b. Relationship to Decedent 17c.				S (Stree	t and Number	, City, State, Zip Code)	
	18a. Place of Death															
	18b. Facility Name (If not Institution, give street & number)								18c. City or Town, State and Zip Code					18d. Co	unty of Death	
	19. Signature of Funeral Service Licensee or Other Agent 20. I								icense Number (of licensee) 21			Name and Comp	olete Addr	ess of Fune	ral Facility	
	22a. Method of Disposition 22b.								Date of Disposition (Mo/Day/Year)							
	22c. Place of Disposition (Name of Cemetery, Crematory, or other place) 22d.								Location (City/Town and State)							
FRAR	23. Registrar's Signature								24. Date Filed (Mo/Day/Yea			ır)				
REGIS	25a. Name of Person Issuing Disposition Permit								25b. D	25b. District No. 25c. Date Disp			e Disposit	osition Permit Issued (Mo/Day/Year)		
	26a. Certifier (Check only one)	only one) To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.														
CERTIFIER	Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated. 26b. Time of Death 26c. Date Pronounced Dead (Mo/Day/Year) 26d. Was the Medical Examiner or Coroner Contacted?															
CER'	26e. Signature and Title of Certifier								26f.	umber	26g. Date Signed (Mo/Day/Year)					
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death															
CAUSE OF DEATH	29 Port L Fatantha dia			liantinan that		- death Deast							Link	Approvin	ooto Intoniol	
	only one cau Immediate Cause	ue or black ink.	enter the r	e mode of dying, such as cardiac or respirate			itory arrest, s	aor, oroon, or near railure. List			Approximate Interval Between Onset and Death					
	(Final disease or condition resulting in death)															
	Sequentially list conditions, if any, leading to immediate cause.	b. Due	, to (or as t	Donsequen	uence of)											
	Enter Underlying Cause	to (or as (Consequen	ce of)	of)											
	(Disease or injury that initiated events resulting in a death) d. Due to (or as Consequence of)															
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.										29a. Was An Autopsy Performed?			29b. Were Autopsy Findings Available Prior To Completion Of Cause of		
Ö												Yes No	Death?	,	☐ Not Applicable	
	30. Did Tobacco Use Contribute to Death? 31. If Female, Pregnancy Status Not pregnant within past year Yes								l <u>—</u>			anner of Death atural Homicide			e	
	Not pregnant, but pregnant wit							days to 1 year before death				Accident Buicide	[[Pending Investigation Could not be determined		
	33a. Date of Injury (Mo/Day/Year) 33b. Time of Injury 33c. Place of Injury (e.g., Decedent's home, construction site, restaur												rea)	33d. Inji	ury at Work?	
	33e. Location of Injury	(Street a	and Numbe	er or Rural	Route N	umber, City o	r Town, S	State)						UY	es	
	33f. Describe How Injury Occurred: 33g. If Transportation Injury, Specify:												<i>r</i> :			
	25 2 300 IDO I IOW IIIJU	я. Describe How Injury Occurred:											Driver/Operator Pedestrian Passenger			