

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
 TYPE OR PRINT IN PERMANENT BLACK INK

Reg. Dist. No. 3800
 Primary Reg. Dist. No. _____
 Registrar's No. 269

State File No. _____

DO NOT WRITE IN MARGIN RESERVED FOR DDH DATA CODING

a. _____
 b. _____
 c. _____
 d. _____
 e. _____

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE ADMISSION →

1. Decedent's Name (First, Middle, LAST) Graydon K. LANDON				2. Sex Male		3. Date of Death (Month, Day, Year) Dec. 23, 1998	
4. Social Security Number 301-16-4748		5a. Age-Last Birthday (Years) 75	5b. Under One Year Months _____ Days _____	5c. Under 1 Day Hours _____ Minutes _____		6. Date of Birth (Month, Day, Year) 10-15-1923	7. Birthplace (City and State or Foreign Country) Broadway, Ohio
8. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. Place of Death (Check Only One) Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____					
9b. Facility Name (If Not Institution, Give Street and Number) Joel Pomerene Memorial Hospital				9c. City, Village, Twp., or Location of Death Millersburg		9d. County of Death Holmes	
10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) Marva Hoops		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Employee		12b. Kind of Business/Industry Ohio Oil Gathering	
13a. Residence-State Ohio	13b. County Holmes	13c. City, Town, Twp., or Location Killbuck		13d. Street and Number 627 N. Railroad			
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP Code 44637	14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race-American Indian, Black, White, etc. (Specify) White	16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		

PARENTS

17. Father's Name (First, Middle, Last) Delbert Landon		18. Mother's Name (First, Middle, Maiden Surname) Minta Slonecker	
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INFORMANT

19a. Informant's Name (Type/Print) Marva Landon		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 627 N. Railroad Killbuck, Ohio 44637	
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DISPOSITION

20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) Killbuck Cemetery		20c. Location City or Town, State Killbuck, Ohio	
20d. Date of Disposition Dec. 27, 1998		21a. Name of Embalmer James A. Alexander		21b. License Number 8664-A	

REGISTRAR

22a. Signature of Funeral Director or Other Person <i>[Signature]</i>		22b. License Number - (of Licensee) 8488	23. Name and Address of Facility Alexander Funeral Home SR 39 W. P.O. Box 108 Millersburg, OH. 44654		
24. Registrar's Signature <i>[Signature]</i>		25. Date Filed (Month, Day, Year) Dec. 29, 1998	26a. Signature of Person Issuing Permit <i>[Signature]</i>	26b. Dist. No.	27. Date Permit Issued

CERTIFIER

28a. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner as stated. <input type="checkbox"/> Coroner 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 as stated.			
28b. Time of Death 4:01 AM	28c. Date Pronounced Dead (Month, Day, Year) 12/23/98	28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28e. Signature and Title of Certifier <i>[Signature]</i>		28f. License Number 35063171	28g. Date Signed (Month, Day, Year) 12/24/98
29. Name and Address of Person who Completed Cause of Death (Type/Print) Dr. Vasser Oman 212 N Washington St. MBB OH 44651			

CAUSE OF DEATH

SEE INSTRUCTIONS ON REVERSE SIDE

30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.				Approximate Interval Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death) → Emphysema.		b. Due to (or as a consequence of) Coronary artery disease		5 years	
Sequentially list conditions, if any, leading to the immediate cause.		c. Due to (or as a consequence of)		1 year	
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)		d. Due to (or as a consequence of)			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				31a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	33a. Date of Injury (Month, Day, Year)	33b. Time of Injury M	33c. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	33d. Describe How Injury Occurred	
33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify)			33f. Location (Street and Number or Rural Route Number, City or Town, State)		