

**OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS**

Reg. Dist. No. 3800

State File No. \_\_\_\_\_

Primary Reg. Dist. No. \_\_\_\_\_

**CERTIFICATE OF DEATH**

Registrar's No. 115

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Holmes</u> b. CITY (If outside corporate limits, write OR RURAL and give township) VILLAGE <u>Rural</u> c. LENGTH OF STAY (in this place) <u>4 Wks.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) <u>Millersburg R. D. # 2, Ohio</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission.) a. STATE <u>Ohio</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Marion</u> d. STREET (If rural, give location) ADDRESS _____		
<b>3. NAME OF DECEASED</b> (TYPE OR PRINT) a. (First) <u>Margarette</u> b. (Middle) _____ c. (Last) <u>Landon</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 14, 1954</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>July 12, 1871</u>	<b>9. AGE (In years last birthday)</b> <u>83</u>
<b>10a. USUAL OCCUPATION</b> <u>Housework</u>		<b>10b. BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE (State or foreign country)</b> <u>Perry Co. Ohio</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
<b>13. FATHER'S NAME</b> <u>Thomas Spicer</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Eletta Frazier</u>		
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> _____		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE</b> <u>Delbert Landon</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, DUE TO (b) _____ 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.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>   <b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)</b> _____		<b>21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY)</b> _____
<b>21d. TIME (Month) (Day) (Year) (Hour) OF INJURY</b> _____ m.		<b>21e. INJURY OCCURRED</b> While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____
<b>22. I hereby certify that I attended the deceased from <u>7-8</u>, 19 <u>54</u>, to <u>7-14</u>, 19 <u>54</u>, and that death occurred at <u>10:15 a.</u> m., from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> (Degree or title) <u>Vitaldas Gruzdys M. D.</u>		<b>23b. ADDRESS</b> <u>Killbuck, Ohio</u>		<b>23c. DATE SIGNED</b> <u>7-14-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>7-16-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Chapel Heights</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Marion, Ohio</u>	
<b>NAME OF EMBALMER (LIC. NO.)</b> <u>Howard J. Hecker 5467A</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.)</b> <u>Harold Denzer 554</u>		
<b>FUNERAL FIRM AND ADDRESS (STREET NO.)</b> _____		<b>(CITY) (STATE)</b> _____		
<b>DATE REC'D BY LOCAL REG.</b> <u>7-15-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Evelyn Calame Rodhe</u>		<b>SUB-REGISTRAR'S SIGNATURE</b> _____	

MARGIN RESERVED FOR BINDING  
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK

V.S. 11