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AUG - 2 2001

I HEREBY CERTIFY THAT THIS IS AN EXACT COPY OF THE ORIGINAL RECORD WHICH IS REGISTERED AND PRESERVED IN VITAL STATISTICS, OHIO DEPARTMENT OF HEALTH. WITNESS MY SIGNATURE AND THE SEAL OF THE DEPARTMENT.

Marion C. Butler
STATE REGISTRAR OF VITAL STATISTICS

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Reg. Dist. No. 83
Primary Reg. Dist. No. 8300

State File No. 022579
Registrar's No. 58

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Warren</u>	
b. CITY, VILLAGE, OR LOCATION <u>Waynesville Ohio</u>		c. CITY, VILLAGE, OR LOCATION <u>Waynesville Ohio RR 3</u>	
c. LENGTH OF STAY IN 1b		d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address)		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) First <u>Harry</u> Middle <u>Hardesty</u> Last <u>Hardesty</u>			4. DATE OF DEATH Month <u>March</u> Day <u>8</u> Year <u>61</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 22 - 1867</u>	9. AGE (In years last birthday) <u>93</u>	If Under 1 Year Months <u>6</u> Days <u>15</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book Binder</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Duane Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>John Hardesty</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Dreeser</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE <u>Hardesty Hardesty Waynesville Ohio</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Conditions, if any which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>4500</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>None.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None.</u>	
20c. TIME OF INJURY <u>9:30 p.m. Mar 8 61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE, OR LOCATION <u>Waynesville Warren O.</u>		20g. COUNTY, STATE
21. I attended the deceased from <u>1956</u> to <u>death</u> and last saw <u>him</u> alive on <u>5 Mar 61</u> . Death occurred at <u>9:30 P.m.</u> on the date stated in 4; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Ray Nelson M.D.</u>		22b. ADDRESS <u>9 N. Main St Centerville Ohio</u>		22c. DATE SIGNED <u>9 Mar 61</u>	
23a. BURIAL, CREMATION, (Specify)	23b. DATE <u>March 11 - 61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery Dayton Ohio</u>		23d. LOCATION (City, town, or county) (State)	
24. NAME OF EMBALMER <u>Albert H Stables 33217</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H Stables 1699</u>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.)	
26. FUNERAL FIRM AND ADDRESS <u>Stables Funeral Home Waynesville Ohio</u>		26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE)		26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE)	
27. DATE REC'D BY LOCAL REG <u>3-13-61</u>	28. REGISTRAR'S SIGNATURE <u>Reiley Elzabeth</u>		29. DATE REC'D BY SUB-REGISTRAR <u>March 10 - 61</u>	30. SUB-REGISTRAR'S SIGNATURE <u>Albert H Stables</u>	

MEDICAL CERTIFICATION