

Reg. Dist. No. 48
 Primary Reg. Dist. No. 4801

DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 4201
 Registrar's No. 3454
65512

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| 1. PLACE OF DEATH a. COUNTY LUCAS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OHIO b. COUNTY LUCAS | |
| b. CITY (If outside corporate limits, write RURAL or and give township) VILLAGE TOLEDO | | c. CITY (If outside corporate limits, write RURAL and give township) VILLAGE TOLEDO | |
| c. LENGTH OF STAY (in this place) 47 YRS | | d. STREET (If rural, give location) ADDRESS 2627 SCHNEIDER RD. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION TOLEDO STATE HOSP. | | | |

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| 3. NAME OF DECEASED (TYPE OR PRINT) LEROY BEECHER | | | 4. DATE OF DEATH OCT 11 1952 | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 10 1884 | 9. AGE (In years last birthday) 68 | Under 1 Year Months Days Hours Min. | If Under 24 Hrs. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) MEAT CUTTER TOLEDO STATE HOSP. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) SWANTON OHIO | 12. CITIZEN OF WHAT COUNTRY U S |
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| 13. FATHER'S NAME LEROY BEECHER | 14. MOTHER'S MAIDEN NAME MAUDE KELLEY |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE <i>Mrs. Roy Beecher</i> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>angina pectoris</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 10-11-52, 1952, and that death occurred at 10-14-52 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Paul Hoch, M.D. Coronar</i> | 23b. ADDRESS <i>445 Huron St. Toledo</i> | 23c. DATE SIGNED <i>10-11-52</i> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BL | 24b. DATE 10-14-52 | 24c. NAME OF CEMETERY OR CREMATORY SO. SWANTON | 24d. LOCATION (City, town, or county) (State) SWANTON OHIO |
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| BIRTH NO. Do not write in this space | NAME OF EMBALMER L E LAMB | (LIC. NO.) 5827 A |
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| DATE REC'D BY LOCAL REG. OCT 14 1952 | REGISTRAR'S SIGNATURE <i>Carl J. Heiser</i> | 25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <i>Walter Mortuary Co. H. E. Walter 29431</i> |
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