

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Reg. Dist. No. 1000Primary Reg. Dist. No. 1000State File No. 43253Registrar's No. 430

1. PLACE OF DEATH

a. COUNTY

Carrall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Ohiob. COUNTY Stark

b. CITY (If outside corporate limits, write RURAL or give township)

VILLAGE Minerva

c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township)

VILLAGE Minerva

d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in note; if at institution, give street address or location)

Cronin China Company

d. STREET (If rural, give location) ADDRESS

703 E. Lincoln Way

3. NAME OF DECEASED (TYPE OR PRINT)

a. (First)

Oscar

b. (Middle)

Ray

c. (Last)

Grimes

4. DATE OF DEATH

(Month)

(Day)

(Year)

May251953

5. SEX

6. COLOR OR RACE

7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

Under 1 Year If Under 24 Hrs.

MaleWhiteMarriedSept. 11, 189359

Months

Days

Hours

Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Caster

10b. KIND OF BUSINESS OR INDUSTRY

Pottery

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Tom Grimes

14. MOTHER'S MAIDEN NAME

Alnetta Stout

15. WAS DECEASED EVER IN U. S. ARMED FORCES? No

16. SOCIAL SECURITY NO.

284 - 09 - 6237

17. INFORMANT'S SIGNATURE

Hallie Grimes

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) 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.

INTERVAL BETWEEN ONSET AND DEATH

10 minutes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

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 (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

While at Work Not While at Work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950 to May 25, 1953, and that death occurred at 11:30 am., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

BurialMay 28, 1953East Lawn CemeteryMinervaOhio

NAME OF EMBALMER

(LIC. NO.)

Sub-Registrar's Signature [Signature]Leroy G. Bartley5422 - ADATE REC'D BY LOCAL REG. 6-25-1953

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE

[Signature]

(LIC. NO.)

4253