

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Reg. Dist. No. 1224Primary Reg. Dist. No. 8493State File No. 12124Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Summit</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Summit</u>		
b. CITY (If outside corporate limits, write RURAL OR and give township VILLAGE <u>AKRON</u> )		c. LENGTH OF STAY (In this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Akron 10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Akron City Hospital</u>			d. STREET (If rural, give location) ADDRESS <u>26 E. Tallmadge Ave.</u>		
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>RALPH</u>		b. (Middle) <u>N.</u>		c. (Last) <u>SHAFFER</u>	
4. DATE OF DEATH <u>Feb. 5, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 17, 1894</u>		9. AGE (In years last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Physical Educator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Board of Education</u>		11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Henry Newton Shafer</u>		14. MOTHER'S MAIDEN NAME <u>Emma Beatty</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Yes</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE <u>Glen H. Shafer</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertensive vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>about 24 hrs</u>  <u>Several yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED While at Work <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 <u>Sept</u> , 19 <u>49</u> , to <u>Feb 5</u> , 19 <u>50</u> , and that death occurred at <u>6:00 p.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. H. Allison MD</u> (Degree or title)			23b. ADDRESS <u>232 Ohio Bldg Akron O</u>		23c. DATE SIGNED <u>Feb 7, 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Feb. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>Cleveland, Ohio</u>		BIRTH NO. Do not write in this space		NAME OF EMBALMER (LIC. NO.) <u>N.W. Johnston 4602-A</u>	
DATE REC'D BY LOCAL REG. <u>2/7/1950</u>		REGISTRAR'S SIGNATURE <u>D. J. Toney</u>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>THE BILLOW CO. By James G. Bilow 1474</u>	