			OHIO DEF	ARTMI	ENT O	F HEA	LTH		- *	
	Reg. Dist. No. 1502					CS State File No		274		
	Primary Reg. Dist. No.	1502		FICATI			Registrar 5 1	0	-14	
		rst	Middle		Last	SEX		F DEATH	(Month, Day, )	Year
		harles		Fre	150000000000000000000000000000000000000	2, male		Ly 28.		
		AGE-		EAR UNDER	1 DAY DA	TE OF BIRTH	(Month, Day, CC	UNTY OF	DEATH	
7 (1)	RACE White, negro, american indian, etc. (Specify) 4. White	birthday tye	Mos. D	ays Hours	6.1	Aug. 8.	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	Columbi	THE R. P. LEWIS CO., LANSING, MICH. 491-1403	
	CITY, VILLAGE, OR LOCATION OF DEATH INSIDE CITY LIMITS HOSPITAL					OR OTHER INSTITUTION-NAME (If not in either, give street and number)				
, -,	7b. Salom		7c. Jes	7d.00	lumbia	ana Co	unty Com	And the same of th	THE RESERVE AND ADDRESS OF THE PARTY OF THE	
	STATE OF BIRTH (If not in U.S.A.	WIDOW	ED, DIVORÇE	ARRIED, (Specify)	SURVIVING SPOUS	iE (If wife, git	ve maiden name)			
SHIP	8. Russia 9. U.S. 4. 10.Wla						11			
	SOCIAL SECURITY NUMBER		DECEASED EVER IN		forces? (If yes,	give war or d	ates of service)			
SIDENCE	120. 297-09-0542 12b. no  USUAL OCCUPATION (Give bind of work done during most of KIND OF BUSINESS OR INDUSTRY						RY			
DEATH	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)									
ON, GIVE	RESIDENCE—STATE COUNTY CITY, VILLAGE OR LOC			OR LOCATION	13b. clothing INSIDE CITY LIMITS STREET AND NUMBER					
N.	Obio			lem		(Specify yes	or no)		rd St.	
	FATHER—NAME First	Columbia		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	MOTHER-MA	AIDEN NAME	First	Middle	Last	
RENTS /	(unkno				16.		(unknow	vn)		
	INFORMANT—NAME			MAILING AD	The second label and the second	(Street or	r R.F.D. no., city o	r village, state,	zip)	
- 44	Donald Freed Willoughby, Ohio									
	PART I. DEATH WAS CAUSED BY: LENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						BETWEEN	ONSET AND DE	EATH	
	18. D. 7						Min	utes		
	IMMEDIATE CAUSE (c) Pulmonary embolism  DUE TO, OR AS A CONSEQUENCE OF:							11.211		
	Conditions, if any. (b) Stasis phlebo thrombosis						3 da	3 days		
	immediate cause (a), Due to, OR AS A CONSEQUENCE OF:						10 40	10 days		
AUSE	lying cause last (c) Myocardial infarction							IF YES we	IF YES were findings considered	
Control of the Contro	Generalized arteriosclerosis  Generalized arteriosclerosis  (Yes or no) in determining cause of death  190. Yes or no) in determining cause of death									
	(Enter native of injury								V	8)
	TOTAL CHICIPS HOWEIDS IN	OR UNDETERMINED (Specify) (Month, Day, Year)								
	ACCIDENT, SUICIDE, HOMICIDE, D. OR UNDETERMINED (Specify)	Month, Day, Xe	20c. M 20d.  INJURY AT WORK PLACE OF INJURY At bonie, farm, street, factory, LOCATION (Street or R.F.D. no., city or village, state, zip)							
	OR UNDETERMINED (Specify) (	ОЬ.	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAME AND ADDRESS OF THE O	LOCATION		100000				
	OR UNDETERMINED (Specify) ( 200. 2  INJURY AT WORK PLACE OF IN (Specify yes or no) office bldg.,	Ob.	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAME AND ADDRESS OF THE O			7 77 6		557 77		
	OR UNDETERMINED (Specify) ( 200. 20 INJURY AT WORK (Specify yes or no) office bldg., 201.	Ob.  IJURY At bonie, jetc. (Specify)	farm, street, factory	20g.	AST SAW HIM	A/HER I		TH SCCURRED	At the place, the date, and	
HYSICIAN	OR UNDETERMINED (Specify) ( 20a. 2  INJURY AT WORK (Specify yes or no) office bldg., 20a. 201.  CERTIFICATION— Month Day PHYSICIAN:	Ob.  Ob.  Ob.  Ob.  Ob.  Ob.  Ob.  Ob.	farm, street, factory	20g. Year AND L	ON	A/HER I	DID/OXIX.DOX DEA EW THE BODY (HO FTER DEATH. 1:2		the date, and, the best of knowledge, du	my te to
HYSICIAN ERTIFIER	OR UNDETERMINED (Specify) ( 20a. 2  INJURY AT WORK (Specify yes or no) office bldg., 20a. 201.  CERTIFICATION— Month Day PHYSICIAN:	Ob.  IJURY At bonie, jetc. (Specify)	farm, street, factors  tonth Day  7/28/70	20g. Year AND L	1/28/7	Year Af	THE BODY (HO	25 p.m.	the date, and,	my te to
HYSICIAN ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  201.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the	ob.  All DORY At bonie, petc. (Specify)  Ty Year 10  21b.  The basis of the example of the examp	farm, street, factory  South Day  7/28/70  amination	Year AND LA	1/28/7	Year Al	THE BODY (HO	25 p.m.	the date, and, the best of knowledge, du	my te to
HYSICIAN ERTIFIER ORONER	OR UNDETERMINED (Specify)  20a.  INJURY AT WORK (Specify yes or no)  20b.  CERTIFICATION— Month PHYSICIAN: I ATTENDED THE  21a. DECEASED FROM	ob.  Allury At bonie, petc. (Specify)  Ty Year 10  21b.  The basis of the example on, in my opinion	farm, street, factory  South Day  7/28/70  amination 10, death	Year AND LAND LAND LAND LAND LAND LAND LAND	1/28/7	Year All O 21	THE BODY (HOFTER DEATH. 1:20	25 p.m.	the date, and, the best of knowledge, du the cause(s) sta	my ye to ated.
HYSICIAN ERTIFIER ORONER ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  201.  CERTIFICATION— Month Day PHYSICIAN:  I ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the	ob.  Allury At bonie, petc. (Specify)  Ty Year 10  21b.  The basis of the example on, in my opinion	farm, street, factory  South Day  7/28/70  amination  1, death	Year AND LAND LAND LAND LAND LAND MORE AND LAND MORE AND LAND LAND MORE AND LAND MALE AND LAND LAND LAND LAND LAND LAND LAND	1/28/7	Year All O 21	THE BODY (HOFTER DEATH. 1:21e	25 p 111 . 	the date, and, the best of knowledge, du the cause(s) sta	my ye to ated.
HYSICIAN ERTIFIER ORONER ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  201.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigati occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)	ob.  At bonie, setc. (Specify)  If Year  Observed to the example on, in my opinion the cause(s) states  Observed to the example of the exampl	farm, street, factory  South Day  7/28/70  amination 1, death	Year AND LAND LAND LAND LAND LAND LAND LAND	The deced	Year All VI Year All O 21 lent was pron Month	THE BODY (HOFTER DEATH. 1:20  1d. 21e  ounced dead Day  Degree or title	25 p 111 . 	the date, and, the best of knowledge, du the cause(s) sta	my ye to ated.
HYSICIAN ERTIFIER ORONER ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no) office bldg.,  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigation occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  23c.  Dr. Ralph  23c.	ob.  At bonie, setc. (Specify)  If Year  Observed to the example on, in my opinion the cause(s) states  Observed to the example of the exampl	farm, street, factory  Tonth Day  7/28/70  amination 1, death 1.	Year AND LAND LAND LAND LAND LAND LAND LAND	The deced	Year O 21  lent was pron Month	Degree or title  M. D.	25 p 111 . 	the date, and, the best of knowledge, du the cause(s) sta	my te to ated.
HYSICIAN ERTIFIER ORONER ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigati occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  23c.  MAILING ADDRESS—CERTIFIER	ob.  Allow At bonie, petc. (Specify)  Ty Year  PSS TO  21b.  The basis of the exact on, in my opinion the cause(s) state.	farm, street, factory  Tonth Day  7/28/70  amination 1, death 1.  SIGN  236	Hour of death  R.F.D. NO.	The deced	Year All VI Year All O 21  lent was pron Month	Degree or title  M. D.	Year DATE :	the date, and, the best of knowledge, du the cause(s) sta	my te to ated.
HYSICIAN ERTIFIER ORONER ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigati occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  230.  MAILING ADDRESS—CERTIFIER  691 E.	Ob.  DURY At bonie, petc. (Specify)  Ty Year 10  21b.  The basis of the exact on, in my opinion the cause(s) state.	farm, street, factory  Tonth Day  7/28/70  amination 1, death 1.  SIGN  23b.  STREET OR	Year AND LAUVE Mon 21c. 7 Hour of death  MATURE Ralph  R.F.D. NO.  Sa	The deced	Year All VI Year All O 21  lent was pron Month	Degree or title  M. D.	Year  DATE S  STATE	the date, and, the best of knowledge, du the cause(s) sta  Hour  SIGNED  ZIP	, to my ie to ated.
HYSICIAN ERTIFIER ORONER ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigation occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  230.  MAILING ADDRESS—CERTIFIER  691 E.  23d.  BURIAL, CREMATION DATE	Ob.  DURY At bonie, petc. (Specify)  Ty Year 10  21b.  The basis of the exact on, in my opinion the cause(s) state.	Tonth Day 1 7/28/70 amination 1, death 1.  SIGN STREET OR	Year AND LAND LAND LAND LAND LAND LAND LAND	The deced	Vent Was pron Month  Ohio LOCATION	Degree or title  M. D.	Year  DATE S  STATE	the date, and, the best of knowledge, du the cause(s) state Hour  SIGNED  21P  LLL160  or county) (State Line (State Line)	, to my ie to ated.
HYSICIAN ERTIFIER ORONER ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigation occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  230.  CERTIFIER—NAME (Type or print)  230.  MAILING ADDRESS—CERTIFIER  691 E.  23d.  BURIAL, CREMATION DATE (Specify) 240. EUP 101 246. 7/	Ob.  DURY At bonie, petc. (Specify)  Ty Year 10  21b.  The basis of the exact on, in my opinion the cause(s) state.	farm, street, factory  Tonth Day  7/28/70  amination 1, death 1.  SIGN  23b.  STREET OR	Hour of death  NATURE R.F.D. NO. Sa	The deced	Vent Was pron Month  Ohio LOCATION 24d.  OR'S SIGNAT	Degree or title  M. D.  LAGE  Sales  URE	Pear  DATE S  237./  STATE  City, village, on Ohi O	the date, and, the best of knowledge, du the cause(s) state Hour  SIGNED  21P  LLLL60  or county) (State 1)	, to my ie to ated.
HYSICIAN ERTIFIER ORONER ERTIFIER	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigation occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  230.  MAILING ADDRESS—CERTIFIER  691 E.  23d.  BURIAL, CREMATION DATE	Ob.  DURY At bonie, petc. (Specify)  Ty Year 1  PSS 10  21b.  The basis of the example cause(s) states  NAME  31/70 24c.	Tonth Day  7/28/70  amination In, death I.  SIGN  STREET OR  HOPE  CHOPE  CHOPE  CONTRIBET  AE OF CEMETERY OF CHOPE  HOPE  CONTRIBET  CONTRIBET	Pear AND LAND LAND LAND LAND LAND LAND LAND	The deced	Vent Was pron Month  Ohio LOCATION 24d.  OR'S SIGNAT	Degree or title  M. D.  Sales  Sales	Pear  DATE S  237./  STATE  City, village, on Ohi O	the date, and, the best of knowledge, du the cause(s) state Hour  SIGNED  21P  111160  or county) (State 1561	my te to ated.  M.
URIAL O	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigation occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  230.  MAILING ADDRESS—CERTIFIER  691 E.  23d.  BURIAL, CREMATION DATE (Specify) 240. EUP 101 24b. 7/2  NAME OF EMBALMER James M. G.	Ob.  DURY At bonie, petc. (Specify)  Ty Year 1  PSS 10  21b.  The basis of the example cause(s) states  NAME  31/70 24c.	Tonth Day 1 7/28/70 amination Indian	Pear AND LAUVE Mon 21c. 7 Hour of death  MATURE Ralph R.F.D. NO. Sa R CREMATORY OM .  FUN 26.	The deced  22b.  1 Pay  1 Pay  2 Pay	A/HER VI Year All O 21 lent was pron Month Ohio LOCATION 24d. OR'S SIGNAT SOIL C	Degree or title  M. D.  LAGE  Sales  URE  Loudon	DATE STATE  (City, village, on Ohio	the date, and, the best of knowledge, du the cause(s) state Hour  SIGNED  21P  111160  or county) (State 11561  (11C. NO.)  1561	M.
UR ALVO	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigati occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  230.  CERTIFIER—NAME (Type or print)  230.  MAILING ADDRESS—CERTIFIER  691 E.  23d.  BURIAL, CREMATION DATE (Specify) 240. EUP 101 24b. 7/ NAME OF EMBALMER James M. G: 55.  FUNERAL FIRM AND ADDRESS  STORK Memore	Ob.  Ob.  OURY At bonie, petc. (Specify)  Oy Year (Specify)  Oy Year (Specify)  On, in my opinion the cause(s) states  Oy States  Oy Year (Specify)  Oy O	Jarm, street, factory  7/28/70  amination In, death It.  SIGN  STREET OR  HOPE  (STREET NO.)  (STREET NO.)	Pear AND LAUVE Mon 21c. 7 Hour of death  MATURE Ralph R.F.D. NO. Sa R CREMATORY OM .  FUN 26.	The deced  22b.  1 Pay  1 Pay  2 Pay	A/HER VI Year All O 21 lent was pron Month Ohio LOCATION 24d. OR'S SIGNAT SOIL C (CITY)	Degree or title  M. D.  LAGE  Sales  URE  Loudon	DATE STATE  City, village, on Ohio  (STATE)	the date, and, the best of knowledge, du the cause(s) state the cause(	M.
UR AL	OR UNDETERMINED (Specify)  200.  INJURY AT WORK (Specify yes or no)  200.  CERTIFICATION— Month Day PHYSICIAN: 1 ATTENDED THE  210. DECEASED FROM  CERTIFICATION—CORONER: On the of the body and/or the investigation occurred on the date and due to the  220.  CERTIFIER—NAME (Type or print)  230.  MAILING ADDRESS—CERTIFIER  691 E.  23d.  BURIAL, CREMATION DATE (Specify) 240. EUP 101 24b. 7/2  NAME OF EMBALMER James M. G.	ob.  JURY At bonie, petc. (Specify)  Ty Year (Specify)  Ty Year (Specify)  Ty Year (Specify)  To 21b.  The basis of the example cause(s) states  The cause(s) states  The stat	Jarm, street, factory  7/28/70  amination In, death It.  SIGN  STREET OR  HOPE  (STREET NO.)  (STREET NO.)	Pear AND LA AUVE Mon 21c. 7 Hour of death  M. NATURE Ralph R.F.D. NO. Sa R CREMATORY OTHER A FUN 26.	The deced  22b.  1 Pay  1 Pay  2 Pay	A/HER VI Year All O 21 lent was pron Month Ohio LOCATION 24d. OR'S SIGNAT SOIL C (CITY)	Degree or title  M. D.  LAGE  Sales  URE  Loudon	DATE STATE  City, village, on Ohio  (STATE)	the date, and, the best of knowledge, du the cause(s) state Hour  SIGNED  21P  111160  or county) (State 11561  (11C. NO.)  1561	M.

COPY OF THE RECORD ON FILE WITH THE OUID DEPARTMENT OF HEALTH

AU 1910002389

CANDICE S. PRINCIA, LOCAL REGISTRAN
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL