

Reg. Dist. No. 1502
Primary Reg. Dist. No. 1502

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 274

DECEASED—NAME		First	Middle	Last	SEX	DATE OF DEATH (Month, Day, Year)	
1.		Charles	--	Freed	2. male	3. July 28, 1970	
RACE	White, negro, american indian, etc. (Specify)	AGE—Last birthday (years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)	COUNTY OF DEATH	
4.	white	5a. 77	5b. Mos. Days	5c. Hours Min.	6. Aug. 8, 1892	7a. Columbiana	
CITY, VILLAGE, OR LOCATION OF DEATH			INSIDE CITY LIMITS (Specify yes or no)	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)			
7b. Salem			7c. yes	7d. Columbiana County Community West Unit			
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
8. Russia		9. U.S.A.		10. Widowed		11. -----	
SOCIAL SECURITY NUMBER		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)					
12a. 297-09-0542		12b. no					
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY			
13a. salesman				13b. clothing			
RESIDENCE—STATE		COUNTY	CITY, VILLAGE OR LOCATION		INSIDE CITY LIMITS (Specify yes or no)	STREET AND NUMBER	
14a. Ohio		14b. Columbian	14c. Salem		14d. yes	14e. 579 1/2 E. 3rd St.	
FATHER—NAME			MOTHER—MAIDEN NAME				
15. (unknown)			16. (unknown)				
INFORMANT—NAME				MAILING ADDRESS (Street or R.F.D. no., city or village, state, zip)			
17a. Donald Freed				17b. Willoughby, Ohio			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE						Minutes	
(a) Pulmonary embolism							
DUE TO, OR AS A CONSEQUENCE OF:						3 days	
(b) Stasis phlebo thrombosis							
DUE TO, OR AS A CONSEQUENCE OF:						10 days	
(c) Myocardial infarction							
PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in part I (a)						AUTOPSY (Yes or no)	
Generalized arteriosclerosis						19a. yes 19b. yes	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)		DATE OF INJURY (Month, Day, Year)		HOUR	HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)		
20a.		20b.		20c. M	20d.		
INJURY AT WORK (Specify yes or no)		PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))		LOCATION (Street or R.F.D. no., city or village, state, zip)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		AND LAST SAW HIM/HER ALIVE ON		I DID/DOES NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED (HO:R) At the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	
21a. DECEASED FROM		21b.		21c.		21e.	
1955		7/28/70		7/28/70		1:25 p.m.	
CERTIFICATION—CORONER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated.						Hour of death	
						22b.	
CERTIFIER—NAME (Type or print)				SIGNATURE		DATE SIGNED	
23a. Dr. Ralph Vance				23b. Ralph B. Vance, M. D.		23c. 7/30/70	
MAILING ADDRESS—CERTIFIER						STATE ZIP	
23d. 691 E. 3rd St. Salem, Ohio						44460	
BURIAL, CREMATION (Specify)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION (City, village, or county) (State)	
24a. Burial		24b. 7/31/70		24c. Hope Cem.		24d. Salem, Ohio	
NAME OF EMBALMER		(LIC. NO.)		FUNERAL DIRECTOR'S SIGNATURE		(LIC. NO.)	
25. James M. Giffin		5119 A		26. Russell C. Loudon		4561	
FUNERAL FIRM AND ADDRESS (STREET NO.)						(CITY) (STATE) (ZIP)	
27. Stark Memorial, Inc. 1014 E. State St., Salem, Ohio						44460	
DATE REC'D BY		REGISTRAR'S SIGNATURE		DATE PERMIT ISSUED		SIGNATURE OF PERSON ISSUING PERMIT	
28. 7/31/70		29. F. R. Crowsey		30. ---		31. ---	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

TYPE OR PRINT IN PERMANENT INK

DECEASED

PARENTS

CAUSE

PHYSICIAN CERTIFIER

CORONER CERTIFIER

BURIAL

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

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Candice S. Pierson
CANDICE S. PIERSON, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

V.S. 11 5152.06 Rev. 1/68