

OHIO DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Reg. Dist. No. 1502 State File No. 509
 Primary Reg. Dist. No. 1502 Registrar's No. 509

1. DECEASED—NAME First: <u>Maude</u> Middle: <u>---</u> Last: <u>Freed</u>			2. SEX <u>Fem.</u>	3. DATE OF DEATH (Month, Day, Year) <u>December 30, 1969</u>	
4. RACE <i>White, negro, american indian, etc. (Specify)</i> <u>white</u>	5a. AGE—Last birthday (years) <u>70</u>	5b. UNDER 1 YEAR Mos. Days	5c. UNDER 1 DAY Hours Min.	6. DATE OF BIRTH (Month, Day, Year) <u>Feb. 21, 1899</u>	
7a. CITY, VILLAGE, OR LOCATION OF DEATH <u>Salem</u>		7c. INSIDE CITY LIMITS (Specify yes or no) <u>yes</u>	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <u>Northern Col. Co. Comm. Hosp. East Unit</u>		
8. STATE OF BIRTH (If not in U.S.A., name country) <u>Penns.</u>	9. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		11. SURVIVING SPOUSE (If wife, give maiden name) <u>Charles Freed</u>	
12a. SOCIAL SECURITY NUMBER <u>297-09-0542 B</u>		12b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			13b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		
14a. RESIDENCE—STATE <u>Ohio</u>	14b. COUNTY <u>Columbiana</u>	14c. CITY, VILLAGE OR LOCATION <u>Salem</u>	14d. INSIDE CITY LIMITS (Specify yes or no) <u>yes</u>	14e. STREET AND NUMBER <u>579 1/2 E. 3rd St.</u>	
15. FATHER—NAME First: <u>Harry</u> Middle: <u>---</u> Last: <u>Palmer</u>			16. MOTHER—MAIDEN NAME First: <u>Mary</u> Middle: <u>---</u> Last: <u>Pugh</u>		
17a. INFORMANT—NAME <u>Charles Freed</u>			17b. MAILING ADDRESS (Street or R.F.D. no., city or village, state, zip) <u>579 1/2 E. 3rd St., Salem, Ohio</u>		
18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Depression cardio resp. centers</u>					<u>48°</u>
DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Cerebral edema and status epilepticus</u>					<u>72°</u>
DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Renal nephrosclerosis</u>					<u>years</u>
19. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in part I (a) <u>Pneumonia; A.S.H.D.; auricular fibrillation</u>					19a. AUTOPSY (Yes or no) <u>yes</u>
					19b. IF YES were findings considered in determining cause of death <u>yes</u>
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	20b. DATE OF INJURY (Month, Day, Year)	20c. HOUR	20d. HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)		
20e. INJURY AT WORK (Specify yes or no)	20f. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))	20g. LOCATION (Street or R.F.D. no., city or village, state, zip)			
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>1955</u> TO <u>12/30/69</u>		21b. AND LAST SAW— DEAD ALIVE ON Month Day Year <u>12/30/69</u>	21c. I DID NOT VIEW THE BODY AFTER DEATH.	21d. DEATH OCCURRED (HOUR) <u>11:30 a</u>	
22a. 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.			22b. The decedent was pronounced dead Month Day Year Hour M. <u>22b.</u> H.		
23a. CERTIFIER—NAME (Type or print) <u>Ralph B. Vance, M. D.</u>		23b. SIGNATURE <u>Ralph B. Vance, M. D.</u>	23c. DEGREE OR TITLE <u>M. D.</u>		23d. DATE SIGNED <u>12/31/69</u>
24a. MAILING ADDRESS—CERTIFIER <u>691 E. 3rd St., Salem, Ohio</u>		24b. STREET OR R.F.D. NO.	24c. CITY OR VILLAGE <u>Salem, Ohio</u>	24d. STATE <u>OH</u>	24e. ZIP <u>44460</u>
25a. BURIAL, CREMATION (Specify) <u>Burial</u>	25b. DATE <u>1/2/70</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hope Cem.</u>		25d. LOCATION (City, village, or county) (State) <u>Salem, Ohio</u>	
26a. NAME OF EMBALMER <u>Russell Loudon</u>		26b. (LIC. NO.) <u>5729 A</u>	26c. FUNERAL DIRECTOR'S SIGNATURE <u>Russell C. Loudon</u>		26d. (LIC. NO.) <u>4561</u>
27a. FUNERAL FIRM AND ADDRESS <u>Sterk Memorial, Inc.</u>		27b. (STREET NO.) <u>1014 E. State St.</u>	27c. (CITY) <u>Salem, Ohio</u>	27d. (STATE) <u>OH</u>	27e. (ZIP) <u>44460</u>
28. DATE REC'D BY LOCAL REG. <u>1/2/70</u>	29. REGISTRAR'S SIGNATURE <u>F. R. Crowgey</u>		30. DATE PERMIT ISSUED <u>---</u>	31. SIGNATURE OF PERSON ISSUING PERMIT <u>---</u>	

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

V.S. 11 5152.06 Rev. 1/68

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

AU 1910 002390

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