

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Reg. Dist. No. 8400  
Primary Reg. Dist. No. 8400State File No. 28872  
Registrar's No. 581. PLACE OF DEATH  
a. COUNTYWashingtonb. CITY (If outside corporate limits, write RURAL  
OR ~~and~~ <sup>or</sup> township)

VILLAGE

Rural Dunham Twpc. LENGTH OF STAY  
(in this place)35 yearsd. FULL NAME OF (If NOT in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION)Vincent P.D. #2

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

a. STATE Ohiob. COUNTY Washington

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

OR  
VILLAGE RuralDunham Twp.d. STREET (If rural, give location)  
ADDRESSVincent P.D. #23. NAME OF  
DECEASED  
(TYPE OR PRINT)

a. (First)

Cora

b. (Middle)

Leota

c. (Last)

McCarthy4. DATE  
OF  
DEATHJan 19, 1952

(Month) (Day) (Year)

5. SEX

Female

6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED  
(Specify)Married

8. DATE OF BIRTH

May 17, 18859. AGE (In years  
last birthday)66

Under 1 Year

Months Days Hours Min.

## 10a. USUAL OCCUPATION

(Give kind of work done during most of  
working life even if retired)House Wife10b. KIND OF BUSINESS OR IN-  
DUSTRYNone

## 11. BIRTHPLACE (State or foreign country)

Decatur Twp.12. CITIZEN OF WHAT  
COUNTRY?U.S.A.

## 13. FATHER'S NAME

Andrew Jackson Place

## 14. MOTHER'S MAIDEN NAME

Lucy J. Bennett15. WAS DECEASED EVER IN  
U. S. ARMED FORCES?No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT'S SIGNATURE

J. McCarthy

## 18. CAUSE OF DEATH

Enter only one  
cause per line for  
(a), (b), and (c)

## MEDICAL CERTIFICATION

Chronic EndocarditisINTERVAL  
ONSET AND DEATH\*This does not mean  
the mode of dying,  
such as heart failure,  
asphyxia, etc. It  
means the disease,  
injury, or complication  
which caused  
death.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)

4214

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related  
to the disease or condition causing death.19a. DATE OF OPERA-  
TION

## 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  
OF  
INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED  
While at  Not While  
Work  at Work 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1945 to Jan 19, 1952, and that death  
occurred at 11:50 A.M. from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or Title)

## 23b. ADDRESS

Elbert G. Partenstarck M.D.Rockland Ohio

## 23c. DATE SIGNED

Jan 19, 195224a. BURIAL, CREMA-  
TION, REMOVAL (Speci-  
fically surgical)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORIUM

## 24d. LOCATION (CITY, VILLAGE, OR TOWNSHIP) (State)

Jan 22, 1952Presbyterian Cem.Decatur Twp. OhioDATE REC'D BY LOCAL  
REGO.

## REGISTRAR'S SIGNATURE

4/21-1952Mary L. Foch

## 25. FUNERAL DIRECTOR'S SIGNATURE

Oscar SpencerEdward G. Taylor 4207A4/21-1952Mary L. Foch