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Herman C. Buxter
HERMAN C. BUXTER, STATE REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 4701
Primary Reg. Dist. No. 4701

State File No. 078582
Registrar's No. 597

1. PLACE OF DEATH a. COUNTY <u>Lorain</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Erie</u>		
b. CITY, VILLAGE, OR LOCATION <u>Lorain</u>		c. LENGTH OF STAY IN 16 <u>32 hrs.</u>		c. CITY, VILLAGE, OR LOCATION <u>Vermilion</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <u>St. Joseph Hospital</u>			d. STREET ADDRESS <u>822 State St.</u>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (TYPE OR PRINT) First <u>George</u> Middle <u>M.</u> Last <u>Naegele</u>			4. DATE OF DEATH Month <u>November</u> Day <u>19</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/21/1880</u>	9. AGE (In years last birthday) <u>77</u>	If Under 1 Year Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>fisherman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial Fishing</u>		11. BIRTHPLACE (State or foreign country) <u>Vermilion, O.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>William Naegele</u>		
14. MOTHER'S MAIDEN NAME <u>Barbara Herbst</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO. <u>291-12-8308</u>			17. INFORMANT'S SIGNATURE <u>Barbara Naegele</u> Address <u>Vermilion, Ohio</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>sudden cardiac arrest</u> <u>arteriosclerotic Heart Disease</u> <u>Generalized arteriosclerosis</u> Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u> </u> DUE TO (c) <u>Senile changes</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, VILLAGE, OR LOCATION COUNTY, STATE			
21. I attended the deceased from <u>August 14, 1957</u> to <u>November 11, 1957</u> and last saw <u>her</u> alive on <u>Nov 11, 1957</u> . Death occurred at <u>2:20 p.</u> m on the date stated in 4; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. H. Halley, M.D.</u> (Degree or title)			22b. ADDRESS <u>Vermilion, Ohio</u>		22c. DATE SIGNED <u>20 Nov 57</u>
23a. BURIAL, CREMATION, (Specify) <u>burial</u>	23b. DATE <u>11/21/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vermilion, Ohio.</u>		
24. NAME OF EMBALMER <u>Edward M. Fisher</u>		(LIC. NO.) <u>4416-A</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward M. Fisher</u> (LIC. NO.) <u>3078</u>		
26. FUNERAL FIRM AND ADDRESS <u>Fisher Funeral Home</u>		(STREET NO.) <u>340 E. South St.,</u>	(CITY) <u>Vermilion,</u>	(STATE) <u>Ohio.</u>	
27. DATE REC'D BY LOCAL REG. <u>11-21-57</u>	28. REGISTRAR'S SIGNATURE <u>cl. le. Ruggin</u>		29. SUB-REGISTRAR'S SIGNATURE		

MEDICAL CERTIFICATION