

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

20844

Reg. Dist. No. 77

State File No.

Primary Reg. Dist. No. 4131

CERTIFICATE OF DEATH

Registrar's No. 24

1. PLACE OF DEATH

a. COUNTY

Auglaize

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

o. STATE

Ohio

b. COUNTY

Auglaize

b. CITY OR VILLAGE (If outside corporate limits, write RURAL.)

DuChesquet Top 3 mo

c. LENGTH OF STAY (in this place)

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

Wapakoneta

d. FULL NAME OF (If NOT in hospital or institution, give street address or location)

Auglaize County Home

d. STREET (If rural, give location) ADDRESS

N. Water St

3. NAME OF DECEASED (TYPE OR PRINT)

a. (First) Theodore

b. (Middle)

c. (Last) Guese

4. DATE OF DEATH

(Month) 4(Day) 8(Year) 51

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1-24-77

9. AGE (In years last birthday)

79

Under 1 Year

Months 2 Days 14

If Under 24 Hrs

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Gardner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Bremen, O

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MARDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

None

17. DEFORMANT'S SIGNATURE

Forest Swartz

18. CAUSE OF DEATH

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

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Heart Failure3 mo.

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

DUE TO (b) Arteriosclerotic heart disease 10 yrs.4200

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

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)

1

21e. INJURY OCCURRED

While at Work Not While at Work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Jan, 1951, to 8 April, 1951, and that death occurred at 11:10 P m., from the causes and on the date stated above.

23a. SIGNATURE

Robert J. Herman M.D.

(Degree or title)

23b. ADDRESS

Wapakoneta, O

23c. DATE SIGNED

17 April 51

24a. RITUAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

4/11/51

24c. NAME OF CEMETERY OR CREMATORY

Wheler Maus.

24d. LOCATION (City, town, or county) (State)

Wapakoneta O

BIRTH NO.

Do not write in this space

NAME OF EMBALMER

W. Bevel

(LIC. NO.)

5062A

DATE REC'D BY LOCAL REG.

4-16-51

REGISTRAR'S SIGNATURE

Heele Kohler

25. FUNERAL DIRECTOR'S SIGNATURE

W. Bevel

(LIC. NO.)

3697

MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.