

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 18272
Registrar's No. 53

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1301

1. CAUSE OF DEATH <u>Like</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Ohio</u> b. COUNTY <u>Adk.</u>	
CITY (If outside corporate limits, write OR RURAL and give township) VILLAGE <u>Painesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Rural Perry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walke Co. Hospital</u>		d. STREET (If rural, give location) ADDRESS <u>North Ridge</u>	
3. NAME OF DECEASED (Type or print) a. (First) <u>Edward</u> b. (Middle) <u>Charles</u> c. (Last) <u>Houlik</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 29 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Aug 20, 1891</u>
9. AGE (In years last birthday) <u>63</u>		9. AGE (In years last birthday) Under 1 Year: Months _____ Days _____ If Under 24 Hrs.: Hours _____ Min. _____	
10a. USUAL OCCUPATION <u>Machinist</u>		10b. BUSINESS OR INDUSTRY <u>Forge</u>	
11. BIRTHPLACE (State or foreign country) <u>Cleveland, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Michael Houlik</u>		14. MOTHER'S MAIDEN NAME <u>Anna Holle</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No</u>		16. SOCIAL SECURITY NO. <u>371-05-7567</u>	
17. INFORMANT'S SIGNATURE <u>David C. Houlik Jr.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, DUE TO (b) giving rise to the above cause. (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Polioarthritis</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33PX</u>	
20. ACCIDENT SUICIDE HOMICIDE (Specify)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21b. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME (Month) (Day) (Year) (Hour) OF INJURY		21d. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that the deceased died from <u>10-22</u> , 19 <u>54</u> , at <u>3:19</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>James Conroy, M.D.</u>		23b. ADDRESS <u>Perry, Ohio</u>	
23c. DATE SIGNED <u>3-22-55</u>		24a. NAME OF CEMETERY OR CREMATORY <u>Perry Cemetery</u>	
24b. LOCATION (City, town, or county) (State) <u>Perry Ohio</u>		24c. NAME OF EMBALMER (Lic. No.) <u>T. A. Stanton 3149A</u>	
24d. DATE <u>March 23, 1955</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Lic. No.) <u>W.M. Bell 3462</u>	
FUNERAL FIRM AND ADDRESS (Street No.) (City) (State) <u>Behm Funeral Home 26 River St. Madison Ohio</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>3/23/55 (Carroll C. Wilder R.R.)</u>	
SUB-REGISTRAR'S SIGNATURE			