

OHIO DEPARTMENT OF HEALTH

442

14365

DIVISION OF VITAL STATISTICS

Reg. Dist. No. 8110

CERTIFICATE OF DEATH

State File No. 2194

Primary Reg. Dist. No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Cuyahoga</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland</u>		c. LENGTH OF STAY (in this place) <u>3-4-51</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cleveland Clinic Hospital</u>			d. STREET (If rural, give location) ADDRESS <u>9823 Lake Ave</u>		
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Joseph</u>		b. (Middle) <u>I.</u>	c. (Last) <u>Hughes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 21, 1890</u>	9. AGE (In years last birthday) <u>71</u>	Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Salesman Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wool Shovel Tool Co., Piqua, O.</u>	11. BIRTHPLACE (State or foreign country) <u>Pardo Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USC.</u>
13. FATHER'S NAME <u>Benjamin Hughes</u>			14. MOTHER'S MAIDEN NAME <u>Not known</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		16. SOCIAL SECURITY NO. <u>279-22-1333A</u>	17. INFORMANT'S SIGNATURE <u>Tom E. Hughes</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.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosclerosis, Hypertension</u> ANTECEDENT CAUSES <u>heart disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Uremia</u> DUE TO (c) <u>Congestive failure</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H.K.A.</u>				20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
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) (Minute)		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at <input type="checkbox"/> Work at Work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Mar. 4, 1951</u> , to <u>Mar. 13, 1951</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert J. Chesser</u>			23b. ADDRESS <u>2050 E 93 St</u>		23c. DATE SIGNED <u>3/13/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Brighton B. Home Co.</u>		24d. LOCATION (City, town, or county) (State) <u>New Brighton Pa.</u>	
BIRTH NO. Do not write in this space			NAME OF EMBALMER <u>E.H. Saxton</u>		(LIC. NO.) <u>3848A</u>
DATE READ BY LOCAL REGISTRAR'S SIGNATURE <u>Mar 15 1951</u>		REGISTRAR'S SIGNATURE <u>Habele Marotta</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.H. Saxton</u>	
				(LIC. NO.) <u>1537</u>	