

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

30256

Reg. Dist. No. 1300

## CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Primary Reg. Dist. No. 1300Registrar's No. 180

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>CLERMONT</u>	b. CITY (If outside corporate limits, write RURAL OR and give township) <u>GOSHEN</u>	a. STATE <u>Ohio</u>	b. COUNTY <u>CLERMONT</u>
c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>GOSHEN TOWN.</u>	d. STREET (If rural, give location) ADDRESS <u>GOSHEN, Ohio</u>	
d. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Goshen Ohio</u>			

<b>3. NAME OF DECEASED</b> (TYPE OR PRINT)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>SAMUEL</u>	b. (Middle) <u>LEEVER</u>	c. (Last) <u>LEEVER</u>	<u>5-19-53</u>		

<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>12-23-1871</u>	<b>9. AGE</b> (In years last birthday) <u>81</u>	Under 1 Year Months Days Hours Min.	If Under 24 Hrs. Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life even if retired) <u>PROFESSIONAL BASEBALL</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>PIRATES</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>GOSHEN Ohio</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
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<b>13. FATHER'S NAME</b> <u>EDWARD C. LEEVER</u>	<b>14. MOTHER'S MAIDEN NAME</b> <u>MEREDITH A. WATSON</u>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>no</u>	<b>17. INFORMANT'S SIGNATURE</b> <u>Mrs Margaret Leever</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary arteriosclerosis</u>	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>4201</u>		<u>2 yrs</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>19a. DATE OF OPERATION</b>			

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g. in or about home, farm, factory, street, office building, forest, etc.)	<b>21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from 5/11, 1953, to 5/19, 1953 and that death occurred at 1 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>J. P. Ward, M.D.</u>	<b>23b. ADDRESS</b> <u>Pleasant Plain Ohio</u>	<b>23c. DATE SIGNED</b> <u>5-21-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <u>5-22-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Goshen</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Goshen Ohio</u>
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<b>BIRTH NO.</b> Do not write in this space	<b>NAME OF EMBALMER</b> (LIC. NO.) <u>LARUE W. COPHER</u> <u>5201-A</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5/26/53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edna Foreman</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> (LIC. NO.) <u>John Leever</u> <u>2661</u>
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