

Reg. Dist. No. 75
Primary Reg. Dist. No. 7501

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 014853
Registrar's No. 014853

1268
7501

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Shelby</u>	
b. CITY, VILLAGE, OR LOCATION <u>Sidney</u>		c. LENGTH OF STAY IN 1b <u>3 yrs.</u>	
c. CITY, VILLAGE, OR LOCATION <u>Sidney</u>		d. STREET ADDRESS <u>119 Queen St.</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <u>Wilson Memorial</u>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input 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>Caroline</u> Middle <u>KINNINGER</u> Last <u>KINNINGER</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>Female</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>7-13-1890</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Shelby Co. Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Watercutter</u>		14. MOTHER'S MAIDEN NAME <u>Caroline Lokman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>278-34-8792</u>	
17. INFORMANT'S SIGNATURE <u>Edna Lehmann</u>		Address <u>Sidney 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>Myocardial insufficiency</u> Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>332X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>7 days</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 type="checkbox"/> NO <input checked="" 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, Day, Year a. m. <u> </u> p. m. <u> </u>			
20d. INJURY OCCURRED WHILE AT <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>1-10-62</u> to <u>2-10-62</u> and last saw her <u>him</u> alive on <u>2-10-62</u> . Death occurred at <u> </u> on the date stated in 4; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. B. Conover M.D.</u>		22b. ADDRESS <u>Sidney Ohio</u>	
22c. DATE SIGNED <u>2-12-62</u>			
23a. BURIAL, CREMATION. (Specify)	23b. DATE <u>Feb. 14, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grace Land Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sidney Ohio</u>
24. NAME OF EMBALMER <u>James R. Sharp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm E Salm</u>	
26. FUNERAL FIRM AND ADDRESS <u>Salm & Sharp INC. 502 S. Ohio Ave.</u>		27. DATE REC'D BY LOCAL REG. <u>2-13-62</u>	
28. REGISTRAR'S SIGNATURE <u>Yvonne F. Smith</u>		29. SUB-REGISTRAR'S SIGNATURE	

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