

FILED AUG 28 1951

STANDARD CERTIFICATE OF DEATH

26157  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Boone</u> <u>0190</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 town OR TOWN <u>Columbia</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shaker Heights</u> <u>8340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Highway 40 East - Columbia Tp.</u>		d. STREET ADDRESS (If rural, give location) <u>3385 Warrensville Center Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) _____	c. (Last) <u>MIGHTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 10, 1911</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>10</u>	Hours _____	Min. _____
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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 _____	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph Kapluck</u>	13b. MOTHER'S MAIDEN NAME <u>Anna (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Stanley E. Mighton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Stanley E. Mighton</u>	ADDRESS <u>Shaker Heights, Ohio.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull fracture</u>		
	DUE TO (c) <u>Automobile accident</u>		
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 <u>311</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Twp., Boone Co., Ohio</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 20, 1951 11 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Escaped tire from truck hit car.</u>
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22. I hereby certify that I attended the deceased from Columbus, Ohio, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mary M. Griffith, M.D. Coroner</u>	(Degree or title)	23b. ADDRESS <u>Columbia, Ohio</u>	23c. DATE SIGNED <u>8-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Shaker Heights, Ohio.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 21 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parma Funeral Service, Columbia, Oh.</u>	ADDRESS _____
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(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-27-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-27-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Tom M. Harg

Licensed Embalmer No. 14007

P. O. Address Columbus Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.