

THE DIVISION OF HEALTH OF THE STATE OF OHIO  
STANDARD CERTIFICATE OF DEATH

State File No. **30074**

FILED SEP 25 1951

BIRTH NO. _____		REG. DIST. NO. <b>131</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>501</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Henry</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Hamilton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cincinnati</b>		<b>834</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5534 Leumers Drive</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Helen</b>		a. (First)		b. (Middle) <b>Hall</b>		c. (Last)	
4. DATE OF DEATH <b>9-20-1951</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>6-27-1909</b>		9. AGE (In years last birthday) <b>42</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	
11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Bert Shelton</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Wilson</b>	
14. NAME OF HUSBAND <b>John Hall</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Hall</b>	
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Destruction of only kidney in car accident</b> DUE TO (c) <b>—</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>8254</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>32</b>				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 bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>005</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Car accident</b>			
22. I hereby certify that I attended the deceased from <b>9-15</b> , 19 <b>51</b> , to <b>9-20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9-20</b> , 19 <b>51</b> , and that death occurred at <b>3:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b>		(Degree or title) <b>2002 Clinton Mo.</b>		23b. ADDRESS <b>Clinton Mo.</b>		23c. DATE SIGNED <b>Sept 21, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-21-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Arlington Memorial Park Mt. Healthy</b>		24d. LOCATION (City, town, or county) (State) <b>Ohio</b>	
DATE REC'D BY LOCAL REG. <b>Sept 21-51</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		422 <b>5</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sickman-Dunning</b>	
						ADDRESS <b>Clinton Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 9-24-51

JUN 30 1953

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

Robert L. Dunning

Licensed Embalmer No. 4758

P. O. Address Clinton 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.