

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

58-017473
 METROPOLITAN NUMBER

IFD MAY 19 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY Summit	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Akron	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL Callaway Mem. Hosp. INSTITUTION		d. STREET ADDRESS 608 N. Market St.	
Length of stay in lb 8 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First **Beatrice** Middle **Rossmann** Last **Rossmann**
 (Type or print)

4. DATE OF DEATH Month **May** Day **14** Year **1958**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED
 WIDOWED DIVORCED 8. DATE OF BIRTH **June 27, 1908** 9. AGE (In years last birthday) **49**

IF UNDER 1 YEAR: Months **1** Days **1** Hours **1** Min. **1**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Saleswoman** 10b. KIND OF BUSINESS OR INDUSTRY **Antiques** 11. BIRTHPLACE (City and state or country) **Ohio** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Maurice Grossman** 13b. MOTHER'S MAIDEN NAME **Bertha Eimas** 14. NAME OF HUSBAND OR WIFE **Nate Rossmann**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT Address **Mrs. Bertha Grossman Akron Ohio**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Diffuse Brain Damage**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Lead Injuries**
 DUE TO (c) _____
 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 NO

INTERVAL BETWEEN ONSET AND DEATH **8 days**

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Two Car Accident (Head on) on**

20c. TIME OF INJURY Hour **10:30** a.m. Month, Day, Year **5 6 58** 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., farm, factory, street, office bldg., etc.) **Highway** 20f. CITY, TOWN, OR LOCATION **Highway 40-1.2 mile SW Callaway** COUNTY **014** STATE **Ohio**

21. I attended the deceased from **6 P.M.** to _____ and last saw her alive on _____
 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Nancy A. Olcott** (Degree or title) **Coroner** 22b. ADDRESS **Fulton Ohio** 22c. DATE SIGNED **5/15/58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **5/15/58** 23c. NAME OF CEMETERY OR CREMATORY **A.C.** 23d. LOCATION (City, town, or county) (State) **Cleveland Ohio**

24. FUNERAL DIRECTOR **Morgan Funeral Home** ADDRESS **Fulton Ohio** 25. DATE RECD. BY LOCAL REG. **May-17-1958** 26. REGISTRAR'S SIGNATURE **Marjette Lawrence**

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
 1-57
 430

MAY 23 1958

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 Signature of Student Embalmer

Signed *Wm. A. Stewart*

Licensed Embalmer No. 3222 P. O. Address *Fulton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.