

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023754
STATE FILE NUMBER

FILED VS JUL 11 1960

Registration District No. 184 Primary Registration District No. 5691 Registrar's No. 81

INDEXED

1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>OHIO</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON</u>		Length of stay in 1b —		c. CITY OR TOWN <u>LANCASTER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>HIWAY 36</u> HOSPITAL OR INSTITUTION <u>3 MILES W. OF BROOKFIELD</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>236 E 6TH AVE</u>	
3. NAME OF DECEASED (Type or print) First <u>MARIAN</u> Middle <u>-</u> Last <u>HALDERMAN</u>			4. DATE OF DEATH Month <u>7</u> Day <u>3</u> Year <u>60</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-16-05</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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 (City and state or country) <u>LANCASTER, OHIO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>FRED PEEIFFER</u>			13b. MOTHER'S MAIDEN NAME <u>MISSOURI (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>RODERIC</u>		
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 <u>NELLIE HALDERMAN, LANCASTER OHIO</u> Address			
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>BRAIN CONCUSSION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>IMMED.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>AUTO ACCIDENT</u>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MULTIPLE BRUISES + BROKEN BONES</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>BOLLISION BETWEEN CAR + MILK TRUCK</u>				
20c. TIME OF INJURY <u>2:30</u> p.m.	Hour Month, Day, Year <u>7-3-60</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 MILES W. OF BROOKFIELD HIWAY 36</u>		20f. CITY, TOWN, OR LOCATION <u>LINN</u>		COUNTY <u>Mo.</u> STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at: <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. R. WRIGHT</u> <u>Coroner</u>			22b. ADDRESS <u>Meadville, Pa.</u>			22c. DATE SIGNED <u>7-4-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>7-4-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST ROSE CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>LANCASTER, OHIO</u>		
24. FUNERAL DIRECTOR <u>HOMER I. BOWDEN</u>			ADDRESS <u>BROOKFIELD MO</u>		25. DATE RECD. BY LOCAL REG. <u>7-4-60</u>	26. REGISTRAR'S SIGNATURE <u>Kathalini Johnson</u> <i>Day</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

JUL 25 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Homer Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield

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.