

Stanley A. Meyer's Death Certificate

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Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT INK

021157

059
1521
2
195

1. Decedent's Name (Last, first, middle initial)
Stanley Allen MEYER

2. Social Security Number
273-36-5006

3. Age Last Birthday
Month 07
Day 24
Year 1940

4. Sex
Male

5. Date of Death (Month, Day, Year)
March 21, 1998

6. Birthplace (City and State or Foreign Country)
Columbus, Ohio

7. Was Decedent Ever in U.S. Armed Forces?
☒ Yes ☐ No

8. Place of Death (Street and Number)
Hospital ☒ Home ☐ Other ☐ Nursing Home ☐ Other ☐ (Specify)

9. Facility Name (If Not Institution, Give Street and Number)
MOUNT CARMEL MEDICAL CENTER
COLUMBUS, OH
FRANKLIN

10. Marital Status (Name, Maiden Name, and Date)
Married
Marilyn Klott
Inventor

11. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use "Retired")
Inventor

12. Kind of Business/Industry
Self Employed

13. Residence - State
Ohio

14. County
Franklin

15. City, Town, Twp., or Location
Grove City

16. Street and Number
3792 Broadway

17. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)
3508 Deforest Drive
Columbus, Ohio 43232

18. Date of Disposition
March 24, 1998

19. Name of Disposer
None

20. Name and Address of Facility
Evans Funeral Home
4171 E. Livingston Ave.
Columbus, Ohio 43227-2388

21. Name and Address of Person who Reported Cause of Death (If Not Hospital)
Keith N. Norton, M.D., Deputy Coroner
520 King Ave., Columbus, OH 43201

22. Cause of Death (Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent ink.)
PENDING AUTOPSY RESULTS. 430X

23. Part I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
None

24. Manner of Death
Natural ☒ Pending ☐ Accidental ☐ Suicide ☐ Homicide ☐ Could not be determined

25. Date of Injury (Month, Day, Year)
M

26. Time of Injury
M

27. Injury at Work?
☐ Yes ☒ No

28. Describe How Injury Occurred
None

29. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
None

30. Location (Street and Number or Rural Route Number, City or Town, State)
None

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Information Concerning the Burial of Deceased Members
Members of the Armed Forces of the United States

Funeral directors are required by law to furnish the following additional information for deceased members or former members of the Armed Forces

1. Name (Last, first, middle initial)
Stanley Allen Meyer

2. Date of Death
March 21, 1998

3. Date of Birth
August 24, 1940

4. Branch of Service
Army

5. Date of Separation/Discharge from Service
Unknown

6. Date of Separation/Discharge
Unknown

7. Date of Burial
March 24, 1998

8. Location of Cemetery
Central Ohio Cremation Service

9. Location of Cemetery
Columbus, Ohio

10. Location of Cemetery
Village

11. Name and Number of Section in Cemetery
None

12. Number of Grave
None

Information relative to a deceased veteran may be secured from the Veteran's Discharge Papers

Instructions - Cause of Death

The Cause of Death means the disease, abnormality, injury, or poisoning that caused the death, and the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In PART I, the immediate cause of death is reported on line (a). Underneath conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. Only one cause or death should be entered on a line. Additional lines may be added if necessary. Provide the best available information of the interval between the onset of each condition and death. Do not leave the interval blank. If unknown, so specify.

In PART II, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in PART I.

EXAMPLE #1

1. Name (Last, first, middle initial)
Stanley Allen Meyer

2. Date of Death
March 21, 1998

3. Date of Birth
August 24, 1940

4. Branch of Service
Army

5. Date of Separation/Discharge from Service
Unknown

6. Date of Separation/Discharge
Unknown

7. Date of Burial
March 24, 1998

8. Location of Cemetery
Central Ohio Cremation Service

9. Location of Cemetery
Columbus, Ohio

10. Location of Cemetery
Village

11. Name and Number of Section in Cemetery
None

12. Number of Grave
None

13. Cause of Death
Fractured skull and internal bleeding
Blunt impact to body and head
Traffic accident

14. Manner of Death
Natural ☒ Pending ☐ Accidental ☐ Suicide ☐ Homicide ☐ Could not be determined

15. Date of Injury (Month, Day, Year)
6-24-93

16. Time of Injury
1:30 P M

17. Injury at Work?
☐ Yes ☒ No

18. Describe How Injury Occurred
Pedestrian crossing high-

19. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
W 8 Y

20. Location (Street and Number or Rural Route Number, City or Town, State)
None

EXAMPLE #2

1. Name (Last, first, middle initial)
Stanley Allen Meyer

2. Date of Death
March 21, 1998

3. Date of Birth
August 24, 1940

4. Branch of Service
Army

5. Date of Separation/Discharge from Service
Unknown

6. Date of Separation/Discharge
Unknown

7. Date of Burial
March 24, 1998

8. Location of Cemetery
Central Ohio Cremation Service

9. Location of Cemetery
Columbus, Ohio

10. Location of Cemetery
Village

11. Name and Number of Section in Cemetery
None

12. Number of Grave
None

13. Cause of Death
Myocardial infarction
Arteriosclerotic heart disease
Arteriosclerosis

14. Manner of Death
Natural ☒ Pending ☐ Accidental ☐ Suicide ☐ Homicide ☐ Could not be determined

15. Date of Injury (Month, Day, Year)
M

16. Time of Injury
M

17. Injury at Work?
☐ Yes ☒ No

18. Describe How Injury Occurred
Diabetes Mellitus

19. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
None

20. Location (Street and Number or Rural Route Number, City or Town, State)
None

PRIMARY REG. DIST. _____		Ohio Department of Health VITAL STATISTICS 021157		CERT. # <u>2306</u>
SUPPLEMENTARY MEDICAL CERTIFICATION				
NAME OF DECEASED Stanley Allen MEYER				
PLACE OF DEATH MOUNT CARMEL MEDICAL CENTER COLUMBUS OH			DATE OF DEATH March 21, 1998	
24. REGISTRAR'S SIGNATURE <i>Kimberly Mills</i>			25. DATE FILED (Month, Day, Year) 3-27-98	
26a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
28b. TIME OF DEATH 8:25 PM		28c. DATE PRONOUNCED DEAD (Month, Day, Year) March 21, 1998		28d. WAS CASE REFERRED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26a. SIGNATURE AND TITLE OF CERTIFIER <i>William R. Adrion</i>		28f. LICENSE NUMBER 35 026584		28g. DATE SIGNED (Month, Day, Year) May 21, 1998
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) William R. Adrion, M.D., Coroner, 520 King Avenue, Columbus, OH 43201				
30. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. RUPTURE OF CEREBRAL ARTERY ANEURYSM. Due to (OR AS A CONSEQUENCE OF): 430X Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (OR AS A CONSEQUENCE OF): c. Due to (OR AS A CONSEQUENCE OF): d.				Approximate Interval Between Onset and Death. HOURS
PART II. <u>Other significant conditions</u> contributing to death but not resulting in the underlying cause given in Part I.				31a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				31b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide	33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY M	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	33d. DESCRIBE HOW INJURY OCCURRED
33a. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		33f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS

Ohio Revised Code.

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A YouTube user has acquired the report and gives a good review of it here:

<https://www.youtube.com/embed/li69r8JwGCc?t=2s>

Revision #3

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