

Stanley A. Meyer's Death Certificate

ionizationx

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 ☐ Residence ☐ Other ☐ Residence

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

10. City, Village, Town, or Location of Death
COLUMBUS

11. County of Death
FRANKLIN

12. Marital Status (Name, Maiden Name, and Date of Marriage)
Married

13. Surviving Spouse (Name, Maiden Name, and Date of Marriage)
Marilyn Klott

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

15. Kind of Business/Industry
Self Employed

16. Residence - State
Ohio

17. County
Franklin

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

19. Street and Number
3792 Broadway

20. Zip Code
43123

21. Was Decedent of Hispanic Origin?
☐ Yes ☒ No

22. Race (American Indian, Black, White, etc. (Specify))
white

23. Decedent's Education
Graduated in 12

24. Father's Name (Last, First, Middle Initial)
Harry S. Meyer

25. Mother's Name (Last, First, Middle Initial)
Marla Ressler

26. Informant's Name (If Informant is Not Decedent's Spouse, Give Relationship)
Marilyn Meyer

27. Informant's Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)
5308 DeForest Drive Columbus, Ohio 43232

28. Method of Disposition
☐ Burial ☒ Cremation ☐ Removal from State ☐ Other ☐ Other

29. Place of Disposition (Name of Cemetery, Crematory, or Other Place)
Central Ohio Cremation Service

30. Location - City or Town, State
Northington, Ohio

31. Date of Disposition
March 24, 1998

32. Name of Embalmer
None

33. License Number
None

34. Name and Address of Facility (If Decedent is Not Decedent's Spouse, Give Relationship)
Evans Funeral Home
4171 E. Livingston Ave.
Columbus, Ohio 43227-2388

35. License Number (If Licensed)
5495

36. Name and Address of Facility (If Decedent is Not Decedent's Spouse, Give Relationship)
Evans Funeral Home
4171 E. Livingston Ave.
Columbus, Ohio 43227-2388

37. Date of Disposition
March 24, 1998

38. Date of Death
March 21, 1998

39. Date of Death
March 21, 1998

40. Name and Address of Person Who Completed Cause of Death (If Not Decedent's Spouse, Give Relationship)
Keith N. Norton, M.D., Deputy Coroner
520 King Ave. Columbus, OH 43201

41. Signature (If Not Decedent's Spouse, Give Relationship)
Keith N. Norton, M.D.

42. Date of Signature
March 23, 1998

43. Date of Signature
March 23, 1998

44. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

45. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

46. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

47. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

48. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

49. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

50. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

51. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

52. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

53. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

54. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

55. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

56. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

57. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

58. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

59. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

60. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

61. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

62. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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63. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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64. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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65. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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66. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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67. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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68. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

69. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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70. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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71. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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72. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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73. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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74. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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75. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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76. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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77. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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78. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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79. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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80. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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81. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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82. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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83. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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84. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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85. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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86. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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87. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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88. Cause of Death (If Not Decedent's Spouse, Give Relationship)
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89. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

90. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

91. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

92. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

93. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

94. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

95. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

96. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

97. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

98. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

99. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

100. Cause of Death (If Not Decedent's Spouse, Give Relationship)
PENDING AUTOPSY RESULTS. 430X

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VIEW

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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
Northington

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 give 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) fully describes the cause of death. Only one cause of death should be entered on a line. Additional lines may be added if necessary. Provide the best available information relative to 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
Northington

11. Name and Number of Section in Cemetery
None

12. Number of Grave
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
Northington

11. Name and Number of Section in Cemetery
None

12. Number of Grave
None

PRIMARY REG. DIST. _____		Ohio Department of Health VITAL STATISTICS 021157 SUPPLEMENTARY MEDICAL CERTIFICATION		CERT. # <u>2306</u>	
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 <input type="checkbox"/> CERTIFYING PHYSICIAN (Check only one) <input checked="" type="checkbox"/> CORONER <small>To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.</small> <small>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.</small>					
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)		RUPTURE OF CEREBRAL ARTERY ANEURYSM.		Approximate Interval Between Onset and Death. HOURS	
a. DUE TO (OR AS A CONSEQUENCE OF):		430X			
b. DUE TO (OR AS A CONSEQUENCE OF):					
c. DUE TO (OR AS A CONSEQUENCE OF):					
d. DUE TO (OR AS A CONSEQUENCE OF):					
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	
				33c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		33d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33e. 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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