

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

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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
57

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

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

10. County of Death
FRANKLIN

11. Marital Status (Name, Maiden Name, and Date of Marriage)
Married Marilyn Klott

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

13. Kind of Business/Industry
Self Employed

14. Residence - State
Ohio

15. County
Franklin

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

17. Street and Number
3792 Broadway

18. Decedent's Education
Graduated in HS

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

20. Race - American Indian, Black, White, etc. (Specify)

21. Decedent's Education
Graduated in HS

22. Informant's Name (If Spouse)
Marilyn Meyer

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

24. Method of Disposition
☐ Burial ☒ Cremation ☐ Removal from State

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

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

27. Date of Disposition
March 24, 1998

28. Name of Embalmer
None

29. License Number
None

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

31. Death Hour (Month, Day, Year)
March 21, 1998

32. Death Minute (Month, Day, Year)
3:24 PM

33. Death Permit Number
35-053392

34. Date Permit Issued
March 23, 1998

35. Certifying Physician
Keith R. Horton, M.D.

36. Date Pronounced Dead (Month, Day, Year)
March 21, 1998

37. Was Case Referred to Coroner?
☐ Yes ☒ No

38. Name and Address of Person who Reported Cause of Death (If Spouse)
Keith N. Norton, M.D., Deputy Coroner
520 King Ave. Columbus, OH 43201

39. Immediate Cause (If disease or condition resulting in death)
PENDING AUTOPSY RESULTS. 430X

40. Due to (or as a consequence of)
A. Due to (or as a consequence of)
B. Due to (or as a consequence of)
C. Due to (or as a consequence of)

41. 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. Enter immediate cause last (disease or injury that initiated events resulting in death).
1. Myocardial infarction
2. Arteriosclerotic heart disease
3. Diabetes mellitus

42. Part II. 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. Enter immediate cause last (disease or injury that initiated events resulting in death).
1. Myocardial infarction
2. Arteriosclerotic heart disease
3. Diabetes mellitus

43. Part III. 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. Enter immediate cause last (disease or injury that initiated events resulting in death).
1. Myocardial infarction
2. Arteriosclerotic heart disease
3. Diabetes mellitus

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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 from Service
Unknown

7. Date of Burial
March 24, 1998

8. Location of Cemetery
Central Ohio Cremation Service

9. Location of Cemetery
Northington

10. Location of Cemetery
Village

11. Name and Number of Section in Cemetery

12. Number of Lot

13. Number of Grave

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). Immediate 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) 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. Cause of Death
Fractured skull and internal bleeding

2. Due to (or as a consequence of)
Blunt impact to body and head

3. Due to (or as a consequence of)
Traffic accident

4. Due to (or as a consequence of)

5. Due to (or as a consequence of)

6. Due to (or as a consequence of)

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PRIMARY REG. DIST. _____		Ohio Department of Health VITAL STATISTICS 021157		CERT. # 2306
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. Other significant conditions 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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	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

Created 12 October 2024 19:49:05 by Chris Bake

Updated 12 October 2024 19:54:24 by Chris Bake