

# ionizations

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

021157  
Date File No.

Reg. Dist. No.  
Primary Reg. Dist. No.  
Registration No.

1. Decedent's Name (Last, First, Middle, Initial)  
**Stanley Allen MEYER**  
2. Social Security Number  
**2733-34006**

3. Age Last Birthday Under Last Year  
Month Days Hours Minutes  
4. Sex  
**Male**  
5. Date of Birth  
**March 21, 1940**  
6. Date of Death (Month, Day, Year)  
**March 24, 1940**

7. Birthplace (State and County)  
**Columbus, Ohio**

8. Was Decedent Ever in U.S. Armed Forces?

9. Place of Death (Street, Street End, Out)

10. Was Cause

11. Occupation

12. Residence

13. Marital Status

14. County of Death

15. Date of Death

16. Cause of Death

17. Date of Death

18. Date of Death

19. Facility Name (If Institution, State Street and Number)

20. City, Village, Town, or Location of Death

21. County of Death

22. Marital Status (Married, Single, Widowed, Divorced)

23. Decedent's Usual Occupation (Show last and worst one)

24. Kind of Business/Industry

25. Married

26. Marrylin Klott

27. Inventor

28. Self Employed

29. Residence - State

30. County

31. City, Town, or Location

32. Street Number

33. Residence - City or Town, State

34. Residence - City or Town, State

35. Inmate City Jail

36. Out of State

37. Was Decedent of Hispanic Origin?

38. Race - American Indian, Black, White, or Other

39. Decedent's Education

40. Date of Birth

41. Date of Birth

42. Date of Birth

43. Date of Birth

44. Date of Birth

45. Yes

46. No

47. Yes

48. No

49. Yes

50. No

51. Yes

52. No

53. Yes

54. No

55. Father's Name (Last, First, Middle)

56. Mother's Name (Last, First, Middle)

57. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

58. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

59. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

60. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

61. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

62. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

63. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

64. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

65. Method of Disposition

66. Place of Disposition (Name of Cemetery, Crematory, or Other Place)

67. City or Town, State

68. Date of Disposition

69. Date of Disposition

70. Date of Disposition

71. Date of Disposition

72. Date of Disposition

73. Date of Disposition

74. Date of Disposition

75. Name of Embalmer

76. License Number

77. Name of Funeral Home

78. Address of Funeral Home

79. City or Town, State

80. Date of Disposition

81. Date of Disposition

82. Date of Disposition

83. Date of Disposition

84. Date of Disposition

85. Name of Decedent

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# Certificate Concerning the Burial of Deceased Members and Former Members of the Armed Forces of the United States

Federal directors are required by law to furnish the following additional information: For deceased members or former members of the Armed Forces

Name of Deceased <b>Stanley Allen Meyer</b>	Date of Death <b>March 21, 1998</b>
State of Residence <b>Ohio</b>	Date of Birth <b>August 24, 1940</b>
<b>1</b> Branch of Service <b>AIRY</b>	<b>2</b> Date of Entry into Service <b>Unknown</b>
<b>3</b> Honorific <b>HONORABLE</b>	<b>4</b> Date of Separation/Discharge <b>Unknown</b>
Name of Cemetery <b>Central Ohio Cremation Service</b>	Date of Burial <b>March 24, 1998</b>
Location of Cemetery <b>Franklin</b>	Location of Cemetery <b>North Lexington</b>
Division of Cemetery <b>NORTHINGTON</b>	VAUSE
Name and Number of Section in Cemetery <b>7</b>	Number of Grave <b>8</b>

## 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(s). Incomplete conditions, if any, which gave rise to the cause are reported on line(s), i.e., (b) and (c). The underlying cause should be reported on the last line used in Part I. No entry is necessary on lines (d), (e), and (f) if the immediate cause of death on line (a) includes all the events between the onset of each condition and death. On a Line A, Additional Lines may be added if necessary. Provide the best available descriptions comprising the train of events. One or more causes or chains leading to the final cause must be included on the underlying cause of death given in PART I.

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

#### EXAMPLE #1

<b>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.</b>		
Is it report a member? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Cause of Death: <b>Fractured skull and internal bleeding</b>		
Secondary cause first disease or condition resulting in death: <b>Blunt impact to body and head</b>		
Due to or a consequence of: <b>Traffic accident</b>		
Is due to a complication of: <b>No</b>		

**PART II - Other significant Conditions contributing to death but not resulting in the underlying cause given in PART I**

Six. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Six. Were external findings available prior to completion of cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SIX. Describe how injury occurred. <b>Feederist crossing high way</b>	
SEVEN. Location (Street and Number or Rural Route Number, City or Town, State) <b>w s y</b>	

#### EXAMPLE #2

<b>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.</b>		
Is it report a member? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Cause of Death: <b>Myocardial infarction</b>		
Secondary cause first disease or condition resulting in death: <b>Arteriosclerotic heart disease</b>		
Due to or a consequence of: <b>Arteriosclerosis</b>		
Is due to a complication of: <b>No</b>		

**PART II - Other significant Conditions contributing to death but not resulting in the underlying cause given in PART I**

Six. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Six. Were external findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SIX. Describe how injury occurred. <b>Diabetes Mellitus</b>	
SEVEN. Location (Street and Number or Rural Route Number, City or Town, State)	

Ohio Department of Health <b>VITAL STATISTICS</b> 021157		31472 CERT. # 2306
<b>SUPPLEMENTARY MEDICAL CERTIFICATION</b>		
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. DATE SIGNED (Month, Day, Year) May 21, 1998
28f. LICENSE NUMBER 35 026584		
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. c. 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"/> Homicide <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

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