

# 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  
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. Date of Disposition  
March 24, 1998

26. Name of Disposer  
Evans Funeral Home

27. Name and Address of Facility  
4171 E. Livingston Ave. Columbus, Ohio 43227-2388

28. Date of Death  
March 21, 1998

29. Date of Pronouncement  
March 22, 1998

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

31. Cause of Death (If disease or condition resulting in death)  
PENDING AUTOPSY RESULTS. 430X

32. Manner of Death  
☐ Natural ☐ Pending ☐ Accidental ☐ Suicide ☐ Homicide

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

34. Time of Injury  
M

35. Injury at Work?  
☐ Yes ☒ No

36. Describe How Injury Occurred

37. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

38. Location (Street and Number or Rural Route Number, City or Town, State)

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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. Name and Number of Section in Cemetery

11. Number of Lot

12. 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). 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 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 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. 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)

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EXAMPLE #2

1. Cause of Death  
Myocardial infarction

2. Due to (or as a consequence of)  
Arteriosclerotic heart disease

3. Due to (or as a consequence of)  
Arteriosclerosis

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PRIMARY REG. DIST. _____		Ohio Department of Health <b>VITAL STATISTICS</b> 021157 <b>SUPPLEMENTARY MEDICAL CERTIFICATION</b>		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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