

Stanley A. Meyer's Death Certificate

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

Reg. Dist. No. 021157
 Primary Reg. Dist. No. 2501
 Registrar's No. 25061

057
 2501
 2
 195

1. Decedent's Name (Print, Surname, Last, Middle, Initial, First)
 Stanley Allen MEYER

2. Sex Male

3. Date of Birth (Month, Day, Year)
 March 21, 1998

4. Social Security Number
 273-36-5006

5. Age Last Birthday (Month, Day, Year)
 57

6. Place of Birth (City, State, or Country)
 Columbus, Ohio

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

8. Place of Death (Street, Apt. No., etc.)
 Hospital Outpatient Other

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

10. Marital Status (Married, Never Married, Widowed, Divorced)
 Married

11. Spouse's Name (Print, Surname, Last, Middle, Initial, First)
 Marilyn Klott

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

13. Kind of Business/Industry
 Self Employed

14. Residence - State, County, City, Town, Twp., or Location, St. Street and Number
 Ohio Franklin Grove City 3792 Broadway

15. Race (Specify Color, Hispanic, Puerto Rican, etc.)
 white

16. Decedent's Education (School Grade Completed)
 2

17. Father's Name (Print, Surname, Last, Middle, Initial, First)
 Henry S. Meyer

18. Mother's Name (Print, Surname, Last, Middle, Initial, First)
 Maria Bessler

19. Informant's Name (Print, Surname, Last, Middle, Initial, First)
 Marilyn Meyer

20. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)
 5308 Deforest Drive Columbus, Ohio 43232

21. Method of Disposition
 Burial Cremation Removal from State Other

22. Place of Disposition (Name of Cemetery, Crematory, etc.)
 Central Ohio Cremation Service Worthington, Ohio

23. Date of Disposition
 March 24, 1998

24. Name of Embalmer
 None

25. License Number (If Licensed)
 5495

26. Name and Address of Facility (City, State, ZIP Code)
 Evans Funeral Home 4171 E. Livingston Ave. Columbus, Ohio 43227-2388

27. Death Time (Month, Day, Year)
 3-24-98

28. Date (Month, Day, Year)
 3-24-98

29. 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, stroke, or heart failure. List only one cause on each line.)
 FRACTURED SKULL AND INTERNAL BLEEDING
 Blunt impact to body and head
 Traffic accident

30. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.
 PENDING AUTOPSY RESULTS. 430X

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

32. Manner of Death
 Natural Pending Accidental Investigation Suicide Could Not Be Determined

33. Place of Injury - Address, Box, Street, Ferry, Boat, Building, etc. (Specify)

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

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ionizationx Information Concerning the Burial of Deceased Members and Former 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.

Name of Deceased: Stanley Allen Meyer Date of Death: March 21, 1998

State of Birth: Ohio Date of Birth: August 24, 1940

1. Branch of Service: Army 2. Type of Entry into Service: Unknown

3. Honorable: Honorable 4. Date of Separation/Discharge: Unknown

Name of Cemetery: Central Ohio Cremation Service Date of Burial: March 24, 1998

5. Location of Cemetery: Franklin Location of Cemetery: Worthington

6. Name and Number of Section in Cemetery: 7. Number of Grave: 8

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). Antecedent conditions, if any, which give rise to the cause are reported on line (b). 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 cause sequence as set forth on a line. Additional lines may be added if necessary. Provide the best estimate 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
 PART I. Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.
 Fractured skull and internal bleeding
 Blunt impact to body and head
 Traffic accident

CAUSE OF DEATH
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 None

EXAMPLE #2
 PART I. Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.
 Myocardial infarction
 Arteriosclerotic heart disease 3 years
 Arteriosclerosis 20 years

CAUSE OF DEATH
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 Diabetes Mellitus

Ohio Department of Health
VITAL STATISTICS 31472
 021157
 PRIMARY REG. DIST. _____ 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 <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> <input checked="" type="checkbox"/> CORONER <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 M		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.			Approximate Interval Between Onset and Death.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) RUPTURE OF CEREBRAL ARTERY ANEURYSM.			HOURS	
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				
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	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>

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