

Reg. Dist. No. 18
 Primary Reg. Dist. No. 1801
 Registrar's No.

Ohio Department of Health
 VITAL STATISTICS
CERTIFICATE OF DEATH
 Type or print in permanent blue or black ink

State File No.

83098

83098

DECEDENT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) SHESA DEAD						2. Sex Female	3. Date of Death (Mo/Day/Year) June 09, 2009
4. Social Security Number 888-88-8888	5a. Age (Years) 54	5b. Under 1 Year Months	5c. Under 1 day Days	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) February 13, 1955	7. Birthplace (City and State or Foreign Country) CLEVELAND, OHIO
8a. Residence State OHIO		8b. County CUYAHOGA			8c. City or Town CLEVELAND		
8d. Street and Number 123 Smith Street				8e. Apt. No.	8f. Zipcode 44136	8g. Inside City Limits? Yes	
9. Ever in US Armed Forces? No	10. Marital Status at Time of Death Never Married		11. Surviving Spouse's Name (If wife, give name prior to first marriage)				
12. Decedent's Education BACHELORS DEGREE (E.G., BA, AB, BS)			13. Decedent of Hispanic Origin No		14. Decedent's Race White		
15. Father's Name WILLIAM LIVE				16. Mother's Name (prior to first marriage) EVA JONES			
17a. Informant's Name WILLIAM LIVE				17b. Relationship to Decedent Father		17c. Mailing Address (Street and Number, City, State, Zip Code) 3939 Jones Street COLUMBUS, OHIO 43202	
18a. Place of Death Hospital - Inpatient				18b. Facility Name (If not Institution, give street & number) METRO HEALTH MEDICAL CENTER		18c. City or Town, State and Zip Code CLEVELAND, OH 44109	
18d. County of Death CUYAHOGA				19. Signature of Funeral Service Licensee or Other Agent			
20. License Number (of licensee) 006969		21. Name and Complete Address of Funeral Facility RIPEPI FUNERAL HOME INC 5762 PEARL RD PARMA, OH 44129					
22a. Method of Disposition Burial		22b. Date of Disposition June 12, 2009		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Greenlawn Cemetery			
22d. Location (City/Town and State) CLEVELAND, OH		23. Registrar's Signature					
24. Date Filed		25a. Name of Person Issuing Burial Permit DEAN, LEVORNE					
25b. District No. 1800		25c. Date Burial Permit Issued					
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 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 stated		26b. Time of Death 0600		26c. Date Pronounced Dead (Mo/Day/Year) 06/09/2009		26d. Was case referred to coroner? Yes	
26e. Signature and Title of Certifier M. D.		26f. License number 35.067601		26g. Date Signed			
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death MILLER, FRANK P, 11001 CEDAR AVE CLEVELAND, OH 44106							
28. 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, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.							
Immediate Cause (Final disease or condition resulting in death)		a. Pneumonia				Approximate Interval Between Onset and Death 2 DAYS	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) Influenza Type A (H1N1)				6 DAYS	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)					
		d. Due to (or as Consequence of)					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
				29a. Was An Autopsy Performed? No		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? Not Applicable	
30. Did Tobacco Use Contribute to Death? No		31. If Female, Pregnancy Status NOT PREGNANT WITHIN LAST YEAR.			32. Manner of Death Natural		
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work?
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)							
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify:	

Type or print in permanent blue or black ink

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) IMA REALLY DEAD						2. Sex Male	3. Date of Death (Mo./Day/Year) April 25, 2008
4. Social Security Number 888-88-8888	5a. Age (Years) 58	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo./Day/Year) January 01, 1950	7. Birthplace (City and State or Foreign Country) CLEVELAND, OHIO	
8a. Residence State OHIO		8b. County CUYAHOGA			8c. City or Town CLEVELAND		8d. Street and Number 123 Smith Street
8e. Apt. No.		8f. Zipcode 44136		8g. Inside City Limits? Yes			
9. Ever in US Armed Forces? No	10. Marital Status at Time of Death Never Married			11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
12. Decedent's Education DOCTORATE DEGREE OR PROFESSIONAL DEGREE			13. Decedent of Hispanic Origin No		14. Decedent's Race White		
15. Father's Name HESA DEAD				16. Mother's Name (prior to first marriage) SHESA LIVE			
17a. Informant's Name HESA DEAD				17b. Relationship to Decedent Father		17c. Mailing Address (Street and Number, City, State, Zip Code) 333 Jones Street CLEVELAND, OHIO 44123	
18a. Place of Death Hospital - Inpatient				18b. Facility Name (If not institution, give street & number) METRO HEALTH MEDICAL CENTER		18c. City or Town, State and Zip Code CLEVELAND, OH 44109	
18d. County of Death CUYAHOGA				19. Signature of Funeral Service Licensee or Other Agent			
20. License Number (of licensee) 006332				21. Name and Complete Address of Funeral Facility R A FRANKLIN INC MEMORIAL CHAPEL C/O UPS STORE SHAKER HEIGHTS, OH 44120-372			
22a. Method of Disposition Burial				22b. Date of Disposition April 29, 2008		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) All Saints Cemetery	
22d. Location (City/Town and State) CLEVELAND, OH				23. Registrar's Signature			
24. Date Filed				25a. Name of Person Issuing Burial Permit DEAN, LEVORNE			
25b. District No. 1800				25c. Date Burial Permit Issued			
26a. Certifier (Check only one) <input checked="" 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 stated. <input 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 stated.				26b. Time of Death 1215			
26c. Date Pronounced Dead (Mo./Day/Year) 04/27/2008				26d. Was case referred to coroner? No			
26e. Signature and Title of Certifier M. D.				26f. License number 35.000000		26g. Date Signed April 27, 2008	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death DOE, JOHN, 2222 Smith Street CLEVELAND, OH 44101							
28. 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, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.							
Immediate Cause (Final disease or condition resulting in death)		a. Respiratory Failure				Approximate Interval Between Onset and Death 2 DAYS	
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) Pneumonia				3 DAYS	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of) Probable Influenza A (H1N1)				5 DAYS	
d. Due to (or as Consequence of)							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably				31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined				29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
33a. Date of injury (Mo./Day/Year)		33b. Time of injury		33c. Place of injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33e. Location of injury (Street and Number or Rural Route Number, City or Town, State)							
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:	

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