6602 Reg. Dist. No. 27

DO NOT WRITE IN MARGIN RESERVED FOR OOH DATA CODING

Primary Reg. Dist. No. 2700

Registrar's No. 31

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

Vol 1995 Page 25799
State File No.

09-25-95A10:43 RCVD

a. b. c. d. e.

DECEDENT

1. DECEDENT'S NAME (First, Middle, LAST): Eddie L. SLAGER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Jan 12, 1995
4. SOCIAL SECURITY NUMBER: 287-14-1754
5a. AGE - Last Birthday (Years): 71
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Oct 11, 1923
7. BIRTHPLACE (City and State or Foreign Country): Hillsboro, Ind.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 137 Ewington, Rd.
9c. CITY, VILLAGE, TWP., OR LOCATION OF DEATH: Vinton
9d. COUNTY OF DEATH: Gallia

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): A. Kathleen Brumfield
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Engineer
12b. KIND OF BUSINESS/INDUSTRY: Engineering
13a. RESIDENCE - STATE: Ohio
13b. COUNTY: Gallia
13c. CITY, TOWN, TWP., OR LOCATION: Ewington
13d. STREET AND NUMBER: 137 Ewington Rd.
13e. INSIDE CITY LIMITS? (Yes or No): No
13f. ZIP CODE: 45686
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Edward Slager
18. MOTHER'S NAME (First, Middle, Maiden Surname): Victoria Oyler Slager

INFORMANT

19a. INFORMANT'S NAME (Type/Print): A. Kathleen Slager
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 137 Ewington Rd. Vinton, Ohio 45686

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Crown City, Cemetery
20c. LOCATION - City or Town, State: Crown City, Ohio
20d. DATE OF DISPOSITION: January 15, 1995
21a. NAME OF EMBALMER: David R. Deal
21b. LICENSE NUMBER: 8382A

REGISTRAR

22a. SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON: ► Cleeland R. Willis
22b. LICENSE NUMBER (of Licensee): 6222
23. NAME AND ADDRESS OF FACILITY: Willis Funeral Home Inc. P.O. Box 806 Gallipolis, Ohio 45631
24. REGISTRAR'S SIGNATURE: ► Deborah J. Rose
25. DATE FILED (Month, Day, Year): Feb 9, 1995

f. g. h. i.

26a. SIGNATURE OF PERSON ISSUING PERMIT: ► Deborah J. Rose
26b. DIST. No.: 27
27. DATE PERMIT ISSUED: Jan. 13, 1995

CERTIFIER

28a. CERTIFIER (Check only one)
☐ 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.
☒ 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: appr. 2:00 P.M
28c. DATE PRONOUNCED DEAD (Month, Day, Year): January 12 1995
28d. WAS CASE REFERRED TO CORONER? ☒ Yes ☐ No
28e. SIGNATURE AND TITLE OF CERTIFIER: ► Edward J Berkich m.d.
28f. LICENSE NUMBER: 28752
28g. DATE SIGNED (Month, Day, Year): Feb 6, 1995

j. k. l. m. n. o. p. q. r. s. t. u.

29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print): EDWARD J. BERKICH, M.D. 90 JACKSON PK. GALLIPOLIS, O. 45631

CAUSE OF DEATH

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. TYPE OR PRINT IN PERMANENT BLACK INK

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardio pulmonary arrest probably secondary	minutes
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): to multi myocardial infarction	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

31a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
31b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No

SEE INSTRUCTIONS ON OTHER SIDE

32. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
33a. DATE OF INJURY (Month, Day, Year)
33b. TIME OF INJURY: M
33c. INJURY AT WORK? ☐ Yes ☐ No
33d. DESCRIBE HOW INJURY occurred
33e. 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)

HEA 2117 5152.06 Rev. 3/91

CERTIFIED COPY
Date issued Feb. 9, 1995
Registrar Deborah J. Rose

15 of

25800

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of _____ the 25th day
of Sept A.D., 19 95 at 10:43 o'clock A M., and duly recorded in Vol. M95,
of Deeds on Page 25799

FEE $15.00

RETURN: AK Slager
137 Eurington Rd
Vinton, OH 45686

Bernetha G. Letsch, County Clerk
By _____