

Reg. Dist. No. **18**Primary Reg. Dist. No. **1801**OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICSState File No. **443**  
**015869**Registrar's No. **5**

## CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <b>Cuyahoga</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Cuyahoga</b>	
b. CITY, VILLAGE, OR LOCATION <b>Cleveland</b>		c. CITY, VILLAGE, OR LOCATION <b>Cleveland Heights</b>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <b>Madonna Hall - 1906 East 82nd</b>		d. STREET ADDRESS <b>1152 Pennfield Road</b>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (TYPE OR PRINT) First Middle Last <b>Delia Mc Cullough</b>		4. DATE OF DEATH Month Day Year <b>March 16, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-18-1867</b>
9. AGE (In years last birthday) <b>90</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>	11. BIRTHPLACE (State or foreign country) <b>Jackson, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Nicholas Basquill</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Hawkshaw</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE <b>H. M. Cullough</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		<b>443 X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Stroke</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of Part II of item 18.) <b>Stroke</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	<b>0409</b>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, VILLAGE, OR LOCATION	COUNTY, STATE
21. I attended the deceased from <b>Jan 1949 to Mar 16, 1957</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Mar 9, 1957</b> Death occurred at <b>11:57 A. m.</b> on the date stated in 4; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Peter P. Palais M.D.</b>		22b. ADDRESS <b>1831 Forest Hills Blvd</b>	22c. DATE SIGNED <b>3/16/57</b>
23a. BURIAL, CREMATION. (Specify) <b>Burial</b>	23b. DATE <b>3-20-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Columbus, Ohio</b>
24. NAME OF EMBALMER <b>C. M. Kandrach</b>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <b>J. Robert Mylott</b> 3675	
26. FUNERAL FIRM AND ADDRESS (STREET NO.) <b>The Flynn-Froelk Co., 13032 &amp; 13104 Euclid Avenue, East Cleveland, Ohio</b>		(CITY) (STATE)	
27. DATE REC'D BY LOCAL REG. <b>MAR 18 1957</b>		28. REGISTRAR'S SIGNATURE <b>J. A. Crandall</b>	
		29. SUB-REGISTRAR'S SIGNATURE	