

Reg. Dist No. 7301
Primary Reg. Dist. No. _____
Registrar's No. 588

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH State File No. _____
TYPE OR PRINT IN PERMANENT BLACK INK

DO NOT
WRITE IN MARGIN
RESERVED FOR
ODH DATA CODING

a. _____
b. _____
c. _____
d. _____
e. _____

1. DECEDENT'S NAME (First, Middle, LAST) George Beatty SYRONEY				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 8, 1996	
4. SOCIAL SECURITY NUMBER 276-34-6780		5a. AGE - Last Birthday (Years) 58	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____		6. DATE OF BIRTH (Month, Day, Year) August 19, 1938	7. BIRTHPLACE (City and State or Foreign Country) Rarden, Ohio
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____				
9b. FACILITY NAME (if not institution, give street address and number) Southern Ohio Medical Center-Mercy Campus				9c. CITY, VILLAGE, TWP., OR LOCATION OF DEATH Portsmouth		9d. COUNTY OF DEATH Scioto	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (if wife, give maiden name) Shirley Sue Smith		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Service Technician		12b. KIND OF BUSINESS/INDUSTRY Motorcycle Repair	
13a. RESIDENCE - STATE OH		13b. COUNTY Scioto		13c. CITY, TOWN, TWP., OR LOCATION Rarden		13d. STREET AND NUMBER P.O. Box 162	
13e. INSIDE CITY LIMITS? (Yes or No) NO		13f. ZIP CODE 45671	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____		15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify, only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) _____ 12

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

17. FATHER'S NAME (First, Middle, Last) Rudolph Syrone		18. MOTHER'S NAME (First, Middle, Maiden Surname) Irene Koch	
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INFORMANT

19a. INFORMANT'S NAME (Type/Print) Shirley Sue Syrone		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 162 Rarden OH 45671	
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DISPOSITION

20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mustard Cemetery		20c. LOCATION - City or Town, State Rarden, OH	
20d. DATE OF DISPOSITION November 12, 1996		21a. NAME OF EMBALMER Craig Dixon		21b. LICENSE NUMBER 6975-A	

REGISTRAR

22a. SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON <i>Wm. Donald Bodin</i>		22b. LICENSE NUMBER (of License) 6761	23. NAME AND ADDRESS OF FACILITY Botkin Funeral Home 13 North Walnut Street Otway, OH 45657		
24. REGISTRAR'S SIGNATURE <i>Cheryl Gorden</i>		25. DATE FILED (Month, Day, Year) Nov. 19, 1996			
26a. SIGNATURE OF PERSON ISSUING PERMIT <i>Chlo J. Katten</i>		26b. DIST. No. 7300	27. DATE PERMIT ISSUED Nov. 9, 1996		

CERTIFIER

28a. 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 as 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 as stated					
28b. TIME OF DEATH 7:05 am M		28c. DATE PRONOUNCED DEATH (Month, Day, Year) November 8, 1996		28d. WAS CASE REFERRED TO CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28e. SIGNATURE AND TITLE OF CERTIFIER <i>Tsuyoshi Inoshita</i>		28f. LICENSE NUMBER 35-05-5111		28g. DATE SIGNED (Month, Day, Year) 11/14/96	
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Tsuyoshi Inoshita, M.D. 1745 27th St. Portsmouth, Ohio 45662					

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. Lung Carcinoma		DUE TO (OR AS A CONSEQUENCE OF):	3 years
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):	
		c. DUE TO (OR AS A CONSEQUENCE OF):	
		d. DUE TO (OR AS A CONSEQUENCE OF):	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other Significant conditions contributing to death but not resulting in the underlying cause given in Part I.				31a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <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
33e. PLACE OF INJURY - At home, farm, street, office building, etc. (Specify)				33f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

7301

388

1. DECEASED'S NAME (LAST, FIRST, MIDDLE)
George Bessy SYRNEY

2. SEX
Male

3. DATE OF BIRTH (MONTH, DAY, YEAR)
August 19, 1932

4. PLACE OF BIRTH (CITY, COUNTY, STATE)
Randall, Ohio

5. OCCUPATION
Motorcycle Repair

6. MARITAL STATUS
Married

7. PLACE OF DEATH (CITY, COUNTY, STATE)
OH

8. PLACE OF DEATH (CITY, COUNTY, STATE)
OH

9. PLACE OF DEATH (CITY, COUNTY, STATE)
OH

10. PLACE OF DEATH (CITY, COUNTY, STATE)
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17. PLACE OF DEATH (CITY, COUNTY, STATE)
OH

18. PLACE OF DEATH (CITY, COUNTY, STATE)
OH

19. PLACE OF DEATH (CITY, COUNTY, STATE)
OH

20. PLACE OF DEATH (CITY, COUNTY, STATE)
OH

I hereby certify that this is a true and accurate copy of this record on file in the vital statistics office of the Portsmouth Health Department.

Cheryl Hardin
 REGISTRAR

11-19-96

