VITAL STATISTICS

CERTIFICATE OF DEATH

1070

Reg Dist No

Primary Reg Dist No

State File No

Registrar's No

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Joseph Robert Succi

2 SEX: M

3 DATE OF DEATH (Month Day Year): 01/10/1989

4 SOCIAL SECURITY NUMBER: 291-16-1586

5a AGE Last Birthday (Years): 67

5b UNDER 1 YEAR Months / Days

5c UNDER 1 DAY Hours / Minutes

6 DATE OF BIRTH (Month Day Year): 9/8/1921

7 BIRTHPLACE (City and State or Foreign Country): Ashtabula, OH

8 WAS DECEDENT EVER IN U S ARMED FORCES? X Yes ☐ No

9a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☐ Nursing Home X Residence ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number): 1767 Griggs Rd.

9c CITY, VILLAGE OR LOCATION OF DEATH: Jefferson

9d COUNTY OF DEATH: Ashtabula

10 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): married

11 SURVIVING SPOUSE (If wife, give maiden name): Dorothy Cartner

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Electrical Maintenance

12b KIND OF BUSINESS INDUSTRY: General Tire

13a RESIDENCE - STATE: Ohio

13b COUNTY: Ashtabula

13c CITY, TOWN OR LOCATION: Jefferson

13d STREET AND NUMBER: 1767 Griggs Rd.

13e INSIDE CITY LIMITS? (Yes or No): no

13f ZIP CODE: 44047

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) X 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): John Succi

18 MOTHER'S NAME (First, Middle, Maiden Surname): Carmela Bucci

INFORMANT

19a INFORMANT'S NAME (Type/Print): Dorothy L. Succi

19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1767 Griggs Rd., Jefferson, Ohio 44047

DISPOSITION

20a METHOD OF DISPOSITION: X Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): St. Joseph Cemetery

20c LOCATION - City or Town, State: Ashtabula, Ohio

20d DATE OF DISPOSITION: 1/13/89

21a NAME OF EMBALMER: Thomas T. Fleming

21b LICENSE NUMBER: 7353-A

22a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Thomas T. Fleming

22b LICENSE NUMBER (of Licensee): 6746

23 NAME AND ADDRESS OF FACILITY: Fleming Funeral Home, 49 W. Jefferson St., Jefferson, OH

REGISTRAR

24 REGISTRAR'S SIGNATURE

RECEIVED

FEB 10 1989

WORKER'S COMPENSATION DEPT.

25 DATE FILED (Month, Day, Year)

26a SIGNATURE OF PERSON ISSUING PERMIT

26b DIST No

27 DATE PERMIT ISSUED

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: 9:30 A.M

28c DATE PRONOUNCED DEAD (Month, Day, Year): 1/10/89

28d WAS CASE REFERRED TO CORONER? XX Yes ☐ No

28e SIGNATURE AND TITLE OF CERTIFIER: [illegible]

28f LICENSE NUMBER: 97304

28g DATE SIGNED (Month, Day, Year): 1-11-89

29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print): Harlan Waid M. D. 125 S. Chestnut St., Jefferson, Ohio 44047

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

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a Angiosarcoma of the Liver — [illegible]

DUE TO (OR AS A CONSEQUENCE OF)

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

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

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)

INSTRUCTIONS OTHER SIDE