FILE NAME: Philip Carey (PC)

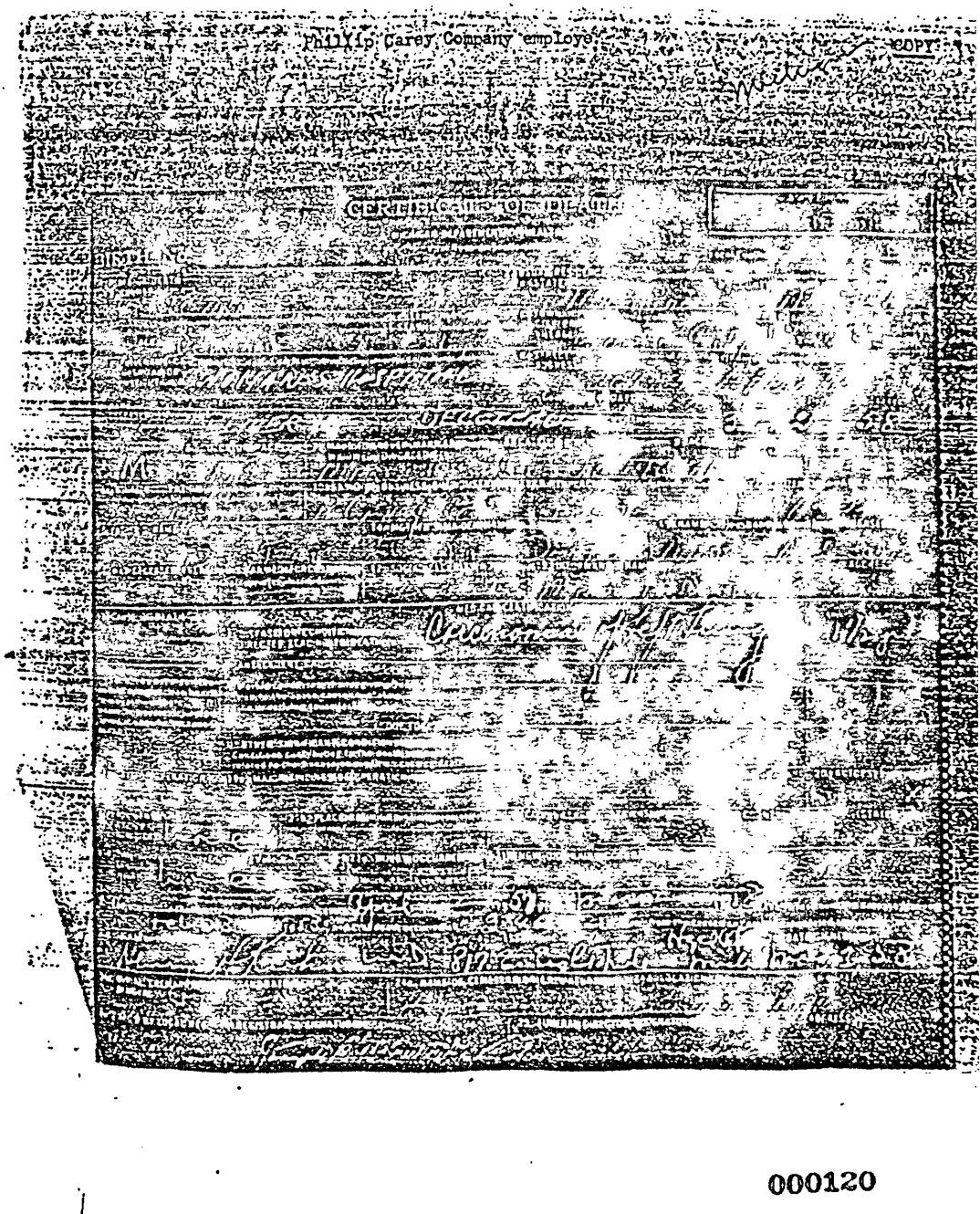
DATE: 1957-1961

DOC#: PC012

DOCUMENT DESCRIPTION: Death Certificates

Phillip Carey Company employe

COPY



000120

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 3101 — State File No. 087535 — Primary Reg. Dist. No. — Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Hamilton
b. CITY, VILLAGE, OR LOCATION: Cincinnati
c. LENGTH OF STAY IN (b): —
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Christ Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institutional, give residence before admission.)
a. STATE: Ohio
b. COUNTY: Hamilton
c. CITY, VILLAGE, OR LOCATION: Wyoming
d. STREET ADDRESS: 624 Vine Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES [ ] NO [X]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): First: Herbert — Middle: Lewis — Last: Gooch
4. DATE OF DEATH: Month: Aug — Day: 15 — Year: 1960

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/28/1897
9. AGE (In years last birthday): 63
If Under 1 Year: Months | Days | Hours
If Under 24 Hours: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Phillip Carey Co (Roofing & Insulation)
11. BIRTHPLACE (State or foreign country): Turnersville Ky
12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: Alex Gooch
14. MOTHER'S MAIDEN NAME: Susie ~~Gooch~~ Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, Yes (unknown) (W.W. One or dates of service)
16. SOCIAL SECURITY NO.: 270-05-1023
17. INFORMANT'S SIGNATURE: Birdie M. Gooch — 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): Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): —

INTERVAL BETWEEN ONSET AND DEATH: 1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRINCIPAL DISEASE CONDITION GIVEN IN PART I: None

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

MEDICAL CERTIFICATION

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter industrial injuries in item 17 or Part II of item 18.): Died at residence after illness of 1 year
20c. TIME OF INJURY: Hour: — a. m. p. m. — Month, Day, Year: —
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 7/1/60 to 8/15/60 and last saw him alive on 8/14/60. Death occurred at 3:30 A.M. on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title): M.D.
22b. ADDRESS: 421 Chicago Ave Wyoming Ohio
22c. DATE SIGNED: 8/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/19/1960
23c. NAME OF CEMETERY OR CREMATORY: Family Cemetery
23d. LOCATION (City, town, or county) (State): Turnersville, Ky.

24. NAME OF EMBALMER: Oscar S. Lee
LICENSE NO.: 3968A
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar S. Lee
LICENSE NO.: 2809

26. FUNERAL FIRM AND ADDRESS: Oscar S. Lee & Son, 400 N. Wayne Avenue (STREET NO.), Lockland (CITY), Cincinnati 15 (STATE), Ohio

27. DATE RECD BY LOCAL REG.: AUG 17 1960
28. REGISTRAR'S SIGNATURE: RE Wehrmann
29. SUB-REGISTRAR'S SIGNATURE: —

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STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dis. No. 0101 — Primary Reg. Dist. No. — State File No. 050502 — Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Hamilton
b. CITY, VILLAGE, OR LOCATION: Cincinnati
c. LENGTH OF STAY IN (a): 2 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Jewish Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Ohio
b. COUNTY: Hamilton
c. CITY, VILLAGE, OR LOCATION: Lockland
d. STREET ADDRESS: 500 Wyoming Avenue
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): First: Clarence — Middle: — Last: Hulette
4. DATE OF DEATH: Month: July — Day: 8 — Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-7-1896
9. AGE (In years last birthday): 64
If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: (Roofing & Insulation) Philip Carey Company
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Isaac Hulette
14. MOTHER'S MAIDEN NAME: Luella Lamb
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 270-05-6880
17. INFORMANT'S SIGNATURE: Lloyd Hulette — Address: 9515 Crestbrook Cincinnati 31, O.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Severe anthracosis pulmonary
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary fibrosis
DUE TO (c): Arteriosclerosis, pulmonary
INTERVAL BETWEEN ONSET AND DEATH: unknown / unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cor Pulmonale.
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour / Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-12-58 to 7-8-60 (Last visit) and last saw [illegible] 7-12-60
Death occurred at 11:00 Pm on the date stated in 4; and to the best of my knowledge, from the cause(s) stated.

22a. SIGNATURE: F. J. Cahn, M.D. (Doctor or title) by Ralph B. Cunningham M.D.
22b. ADDRESS: 317 W. Benton St. Building (City) Ohio
22c. DATE SIGNED: 7/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 12, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Glendale Ohio

24. NAME OF EMBALMER: Thomas P. Watson (LIC. NO.) 5779A
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] (LIC. NO.) 4225
26. FUNERAL FIRM AND ADDRESS: Vorhis Funeral Homes, Inc. — 310 Dunn St. (STREET NO.) — Lockland (CITY) — Ohio (STATE)
27. DATE RECEIVED BY LOCAL REG. July 18 1960
28. REGISTRAR'S SIGNATURE: R. E. Weber, M.D.
29. SUB-REGISTRAR'S SIGNATURE

COPY

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...which is on file in the Pennsylvania Division of Vital Statistic

In accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953

(Fee for this certificate, $3.00)

Charles Hardester
Charles Hardester
State Registrar

WARNING: It is illegal to duplicate this copy by photostat or photograph.

NOV 13 1981
Date

60151
No.

HVS-20143—525M—9-59 -10

CORRECTED CERTIFICATE
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

File No. 15680

Primary Dist. No. 462-430

CERTIFICATE OF DEATH

Registered No. 58

1. PLACE OF DEATH
a. County: Montgomery
b. City, Borough or Township: Norristown
c. Length of stay in 1b.: 6 Hrs. 45 Mins.
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION: Sacred Heart Hospital
e. Is Place of Death Inside Municipality Limits? Yes ☒ No ☐ 34

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. State: Pa. b. County:
c. City, Borough or Township: Norristown
d. Street Address or Location: Main & Barbadoes
e. Is Residence Inside Municipality Limits? Yes ☒ No ☐
f. Is Residence on a Fa... Yes ☐ No ☐

X

3. NAME OF DECEASED (Type or print): a. (First) Raymond b. (Middle) c. (Last) Lewis
4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 5...
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 11, 1903
9. AGE (In years last birthday): 53
If under 1 year: Months / Days / Hours / M...
If under 24 h...
10. FULL NAME OF SPOUSE:
11. BIRTHPLACE (Also give state or foreign country): Honeybrook Twp., Pa.
12. CITIZEN OF WH... COUNTRY: USA
13. FATHER'S NAME: George Lewis
14. MOTHER'S MAIDEN NAME: Edith Brooks
15. USUAL OCCUPATION (even if retired): Shipping clerk
16. Social Security No.:
17. INFORMANT: Mary Thompson ADDRESS: 134 Washington Ave. Downingtown, Pa.

Philip Carey Magnesia Co.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]
PART I. Death was caused by:
IMMEDIATE CAUSE (a): Asbestosis, generalized, pulmonary
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Cor Pulmonale
DUE TO (c): Duodenal Ulcer with Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH: 5 yr...
PART II. OTHER SIGNIFICANT CONDITIONS (contributing to death but not related to the terminal disease given in Part I (a)):
19. WAS AUTOP... PERFORMED Yes ☐ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED:
20c. Time of Injury (Hour, Month, Day, Y... m. E.S.T.:
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.):
20f. CITY, BOROUGH, TOWNSHIP: 1/23/57
COUNTY:
STATE: 1/23/57

21. I hereby certify that I attended the deceased from 1/23/57, 19..., to ..., 19..., that I last saw the deceased alive on 1/23/57, 19..., and that death occurred at 5:50 P. m. E.S.T., from the causes and on the date stated above.

22a. SIGNATURE: Joseph Papelanchine M.D. or D.O.
22b. ADDRESS: 1039 DeKalb St. Norristown, Penna.
22c. DATE SIGNED: 1/29/57

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
23b. DATE: Jan. 26, 1957
23c. NAME OF CEMETERY OR CREMATORY: Honeybrook Methodist
23d. LOCATION (City, Boro., Twp. & County) (State): Honeybrook, Chester County Pa

24. DATE REC'D BY REG. 1-25-57
25. REGISTRAR'S SIGNATURE: Julia M. Kennedy
26. SIGNATURE OF FUNERAL DIRECTOR AND ADDRESS: D. Rae Boyd, Norristown, Pa.

000123

Primary Reg. Dist. No. [illegible] — **CERTIFICATE OF DEATH** — Registrar's No. 006

1. PLACE OF DEATH
a. COUNTY: Hamilton.
b. CITY, VILLAGE, OR LOCATION: CINCINNATI
c. LENGTH OF STAY IN 3b
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): RESIDENCE
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☑ NO ☐: 3425 BEVIS AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution, give before admission)
a. STATE: Ohio. b. COUNTY: Hamilton.
c. CITY, VILLAGE, OR LOCATION: Cincinnati
d. STREET ADDRESS: 3425 Bevis Ave.
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☑ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): First: Essie Middle: Last: Jackson.
4. DATE OF DEATH: Month 8/ Day 8/ Year 1961
5. SEX: male
6. COLOR OR RACE: Colored
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10; 2; 99
9. AGE—Last birthday: 61.
If Under 1 Year: Months 10 Days 6 | If Under 24 Hours: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: PHILIP CAREY MFG. Phillips Carey Co. (Roofing or Insulation)
11. BIRTHPLACE (State or foreign country): Evergreen, Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Cyrus Jackson.
14. MOTHER'S MAIDEN NAME: Amanda ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes
If yes, give war or dates of service: Yes
16. SOCIAL SECURITY NO.: 470.05.1440.
17. INFORMANT'S SIGNATURE: Dora Jackson. Address: 3429 Bevis Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): COR PULMONALE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASBESTOSIS, OCCUPATIONAL.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL ONLY

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY occurred and the nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m. on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert P. Lyle, M. D. CORONER, HAMILTON CO. OHIO
22b. ADDRESS
22c. DATE SIGNED: 8-17-61

23a. BURIAL, CREMATION, REMOVAL: Burial
23b. DATE: 8; 12;;61.
23c. NAME OF CEMETERY OR CREMATORY: Colored American
23d. LOCATION (City, Town, or County) (State): CINCINNATI, OHIO Oakley Ohio.
24. NAME OF EMBALMER: E.P. Stegall (LIC. NO.): 5151a
25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.): Elizabeth P. Stegall 3383
26. FUNERAL HOME AND ADDRESS (STREET NO.) (CITY) (STATE): Pierce & People's Funeral Home 1504 Conn St Cincinnati, Ohio.
27. DATE REC'D BY LOCAL REG.: 1 4 '62
28. REGISTRAR'S SIGNATURE: [illegible]
29. SUB-REGISTRAR'S SIGNATURE

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