

**OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Reg. Dist. No. 1300
Primary Reg. Dist. No. 1300

State File No. _____
Registrar's No. 123

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DECEDENT

PARENTS

CAUSE OF DEATH

CERTIFIER

DISPOSITION

5152.06 Rev. 1/78
HEA 2717

1. DECEASED NAME First: Ernest Middle: Charles Last: BENJAMIN		2. SEX Male	3. DATE OF DEATH (Mo., Day, Year) March 1, 1988
4. RACE (e.g., White, Black, American Indian, etc.) (Specify) White	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Mos. Days	5c. UNDER 1 DAY Hours Mins.
6. DATE OF BIRTH (Mo., Day, Yr.) March 14, 1913		7. COUNTY OF DEATH Clermont	
8. CITY, VILLAGE OR LOCATION OF DEATH Batavia		9. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Clermont Mercy Hospital	
10. IF HOSP. OR INST., Indicate DOA, OP/Emar.Frm., Inpatient (Specify) Inpatient		11. SOCIAL SECURITY NUMBER 402-03-8951	
12. STATE OF BIRTH (If not in U.S.A., name country) Ohio		13. CITIZEN OF WHAT COUNTRY U.S.A.	
14. ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc.) (Specify) American		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
16. SURVIVING SPOUSE (If wife, give maiden name) Mavis Gabbard		17. SOCIAL SECURITY NUMBER 402-03-8951	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		19. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
20. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker-32 1/2 Yrs. (Retired)		21. SURVIVING SPOUSE (If wife, give maiden name) Mavis Gabbard	
22. KIND OF BUSINESS OR INDUSTRY General Motors-Norwood		23. SOCIAL SECURITY NUMBER 402-03-8951	
24. RESIDENCE—STATE Ohio		25. COUNTY Clermont	
26. CITY, VILLAGE OR LOCATION Bethel		27. STREET AND NUMBER 320 E. Plane St.	
28. INSIDE CITY LIMITS (Specify Yes or No) yes		29. SOCIAL SECURITY NUMBER 402-03-8951	
30. FATHER—NAME First: John Middle: Love Last: Benjamin		31. MOTHER—MAIDEN NAME First: Mary Middle: Wood Last: Wood	
32. INFORMANT—NAME (Type or Print) Mavis Benjamin		33. MAILING ADDRESS (STREET OR R.F.D. No.) (CITY OR TOWN) (STATE) (ZIP) 320 E. Plane St. Bethel, Oh 45106	
34. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
35. IMMEDIATE CAUSE (a) Myocardial Infarction			
36. DUE TO, OR AS A CONSEQUENCE OF:			
37. Conditions, if any, which gave rise to immediate cause, stating the underlying cause last			
38. (b) DUE TO, OR AS A CONSEQUENCE OF:			
39. (c) DUE TO, OR AS A CONSEQUENCE OF:			
40. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in Part I (a)			
41. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		42. DATE OF INJURY (Month, Day, Year)	43. HOUR
44. INJURY AT WORK (Specify yes or no)		45. PLACE OF INJURY At home, farm, street, factory, office bldg., etc. (Specify)	46. LOCATION (Street or R.F.D. no., city or village, state, zip)
47. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)		48. AUTOPSY (Yes or no)	49. WAS CASE REFERRED TO CORONER (Specify Yes or No)
50. To be Completed by ATTENDING PHYSICIAN Only		51. To be Completed by CORONER Only	
52. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>N.L. Patel M.D.</i>		53. 22a. 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) stated. (Signature and Title) <i>Mavis Gabbard</i>	
54. DATE SIGNED (Mo., Day, Year) 3/8/88		55. DATE SIGNED (Mo., Day, Year)	
56. HOUR OF DEATH M		57. HOUR OF DEATH M	
58. 21b. 3/8/88		59. 22b. PRONOUNCED DEAD (Mo., Day, Year)	
60. 21c. M		61. 22c. PRONOUNCED DEAD (Hour) M	
62. 21d. ON		63. 22d. AT M	
64. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) N.L. Patel M.D. 3020 Hospital DR Batavia, Ohio 45103			
65. BURIAL, CREMATION, DATE OTHER (Specify) Burial Mar. 4, 1988		66. NAME OF CEMETERY OR CREMATORY Tate Twp. Cemetery	
67. LOCATION (City, village, or county) (State) Bethel, Ohio		68. NAME OF EMBALMER (LIC. No.) Jeffrey L. Egbert 7949A	
69. FUNERAL DIRECTOR'S SIGNATURE <i>Charles H. Wisby</i>		70. (LIC. No.) 6303	
71. FUNERAL FIRM AND ADDRESS (STREET NO.) Kennedy-Stevens Funeral Home 315 W. Plane St. Bethel, Oh 45106		72. (CITY) (STATE) (ZIP)	
73. DATE REC'D BY LOCAL REG. 3-14-88		74. REGISTERAR'S SIGNATURE <i>Jay Kohler</i>	
75. DATE PERMIT ISSUED 3-2-88		76. SIGNATURE OF PERSON ISSUING PERMIT <i>Charles H. Wisby</i>	
77. DIST. No. 0800		78. DIST. No. 0800	