Reg. Dist. No. 29

Primary Reg. Dist. No. 2904

Registrar's No. 156

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

DECEDENT

1. DECEDENT'S NAME (First, Middle, LAST): Lucille J. LOOP
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Feb 13, 1997
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Jun 17,1910
7. BIRTHPLACE (City and State or Foreign Country): Seward, Nebraska
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Heartland of Beavercreek NH
9c. CITY, VILLAGE, TWP., OR LOCATION OF DEATH: Beavercreek OH
9d. COUNTY OF DEATH: Greene

IF DEATH OCCURED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Tippecanoe
13c. CITY, TOWN, TWP., OR LOCATION: West Lafayette
13d. STREET AND NUMBER: 296 Park Lane
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 47906
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ 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) / College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Christopher Joern
18. MOTHER'S NAME (First, Middle, Maiden Surname): Clara Doll

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Kristine L. Locher
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2815 Dennis Court, Beavercreek, Ohio 45434

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Grandview Cemetery
20c. LOCATION - City, Town or State: W.LaFayette, Indiana
20d. DATE OF DISPOSITION: Feb 17, 1997
21a. NAME OF EMBALMER: Karl Hilt
21b. LICENSE NUMBER: 8156A
22a. SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON: [signature]
22b. LICENSE NUMBER (of Licensee): 8131
23. NAME AND ADDRESS OF FACILITY: Tobias Funeral Home, Inc. 648 Watervliet Avenue Dayton, Ohio 45420

REGISTRAR

24. REGISTRAR'S SIGNATURE: W.P. McCullough
25. DATE FILED (Month, Day, Year): Feb. 20, 1997
26a. SIGNATURE OF PERSON ISSUING PERMIT: Barbara Brunner
26b. DIST. No.: 57
27. DATE PERMIT ISSUED: 2-18-1997

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 occured at the time, date, and place, and due to the cause(s) and manner stated

28b. TIME OF DEATH: 10:35P M
28c. DATE PRONOUNCED DEAD (Month, Day, Year): February 13, 1997
28d. WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No
28e. SIGNATURE AND TITLE OF CERTIFIER: [signature] DO
28f. LICENSE NUMBER: 4130
28g. DATE SIGNED (Month, Day, Year): 2/18/97
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print): John C. Sefton D.O., 3002 S. Smithville Road, Dayton, Ohio 45420

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

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardiac Dysrhythmia	minutes
DUE TO (OR AS A CONSEQUENCE OF): b.	Renal Failure	days
DUE TO (OR AS A CONSEQUENCE OF): c.	Dehydration	week
DUE TO (OR AS A CONSEQUENCE OF): d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

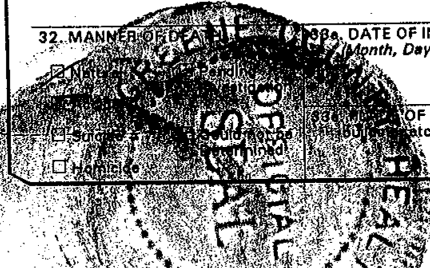
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.: Cerebrovascular Disease

31a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
31b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No

SEE INSTRUCTIONS ON OTHER SIDE

32. MANNER OF DEATH
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)

HEA 2717 5152.06 Rev.3/91



I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND COMPLETE PHOTOGRAPHIC REPRODUCTION OF THE CERTIFICATE ON FILE IN THE OFFICE OF THE GREENE COUNTY COMBINED HEALTH DISTRICT, XENIA, OHIO. NOT VALID UNLESS COPY CARRIES A RAISED SEAL.

DATE ISSUED: Feb. 25 1997

REGISTRAR W.P. McCullough

FILED NO. 000968

BOOK 2003 PAGE 968

REC $ 5.00
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R.M.F. $ 1.00

COMPUTER ✓
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MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA