

Certificate of Death

Time of death: 12:15 a.m. - July 8, 1990

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 68
Primary Reg. Dist. No. 6800

State File No. _____
Registrar's No. 50

I hereby certify this certificate to be a true copy of the record of death as filed with the Preble County Registrar of Vital Statistics, Department of Health, Eaton, Ohio.

Date Issued: May 17, 1991
Jaimce Pearce, Registrar

1. DECEDENT'S NAME (First, Middle, LAST) Lesa Marie Buckley			2. SEX Female		3. DATE OF DEATH (Month, Day, Year) July 8, 1990	
4. SOCIAL SECURITY NUMBER ██████████		5a. AGE - Last Birthday (Years) 20	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) 9-23-1969	7. BIRTHPLACE (City and State or Foreign Country) Toledo, Ohio
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Cedar Lake Area, American Aggregates Prop. West of Guy Murray Road			9c. CITY, VILLAGE, TWP., OR LOCATION OF DEATH New Paris, Jeff. Twp. Ohio		9d. COUNTY OF DEATH Preble	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced		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.) Computer Operator		12b. KIND OF BUSINESS/INDUSTRY Rest Home	
13a. RESIDENCE - STATE Ohio	13b. COUNTY Preble	13c. CITY, TOWN, TWP., OR LOCATION Eldorado		13d. STREET AND NUMBER ██████████ Road		
13e. INSIDE CITY LIMITS? (Yes or No) NO	13f. ZIP CODE 45321	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) 12 College (1-4 or 5-)	
17. FATHER'S NAME (First, Middle, Last) James G. Buckley			18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary K. Gebers			
19a. INFORMANT'S NAME (Type/Print) James G. Buckley			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11624 Pence-Shewman Road - Eldorado, Ohio 45321			
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) Preble Memory Gardens		20c. LOCATION - City or Town, State West Alexandria, Ohio		
20d. DATE OF DISPOSITION July 11, 1990		21a. NAME OF EMBALMER Joel L. Getts		21b. LICENSE NUMBER Ohio 7596A		
22a. SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON <i>Walter C. Brewer</i>		22b. LICENSE NUMBER (of Licensee) Ohio 5423	23. NAME AND ADDRESS OF FACILITY Barnes Funeral Homes, Inc. 220 East Main Street Eaton, Ohio 45320			
24. REGISTRAR'S SIGNATURE <i>Jaimce Pearce</i>		25. DATE FILED (Month, Day, Year) August 6, 1990				
26a. SIGNATURE OF PERSON ISSUING PERMIT <i>Jaimce Pearce</i>			26b. DIST. No.	27. DATE PERMIT ISSUED		
28a. CERTIFIER (Check only one) <input 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 checked="" 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 12:15 a.	28c. DATE PRONOUNCED DEAD (Month, Day, Year) July 8, 1990		28d. WAS CASE REFERRED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28e. SIGNATURE AND TITLE OF CERTIFIER <i>John A. Vosler, D.O.</i>			28f. LICENSE NUMBER 799	28g. DATE SIGNED (Month, Day, Year) Aug. 6, 1990		
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) John A. Vosler, D.O., Coroner, 200 Eaton-Lewisburg Rd., Eaton, Ohio 45320						
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 INK						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Cerebral anoxia 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. Asphyxiation DUE TO (OR AS A CONSEQUENCE OF):				
		c. Drowning 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. Multiple bodily trauma			31a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year) July 8, 1990	33b. TIME OF INJURY 12:15 a.m.	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33d. DESCRIBE HOW INJURY OCCURRED Subject assaulted by another person	
33e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Cedar Lake Area			33f. LOCATION (Street and Number or Rural Route Number, City or Town, State) American Aggreg. Property	33g. LOCATION (Street and Number or Rural Route Number, City or Town, State) West of Guy Murray Road, New Paris Ohio 45347		