Ohio Department of Health

VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 7701
Primary Reg. Dist. No. 7701

State File No.
Registrar's No. 615

1. DECEDENT'S NAME (First, Middle, Last): Beatrice Marie DOBBINS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 11, 1990
4. SOCIAL SECURITY NUMBER: 278-22-4200
5a. AGE - Last Birthday (Years): 61
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Jan. 16, 1929
7. BIRTHPLACE (City and State or Foreign Country): Cuyahoga Falls, OH
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): Akron General Medical Center
9c. CITY, VILLAGE OR LOCATION OF DEATH: Akron
9d. COUNTY OF DEATH: Summit
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Joe Dobbins
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: OH
13b. COUNTY: Summit
13c. CITY, TOWN, OR LOCATION: Norton
13d. STREET AND NUMBER: 3331 Shellhart Rd.
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 44203
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): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): (u) Smith
18. MOTHER'S NAME (First, Middle, Maiden Surname): Josephine (u)
19a. INFORMANT'S NAME (Type/Print): Joe E. Dobbins
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3331 Shellhart Rd. Norton, OH 44203
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Holy Cross
20c. LOCATION - City or Town, State: Akron, OH
20d. DATE OF DISPOSITION: March 14, 1990
21a. NAME OF EMBALMER: Vincent Lipari
21b. LICENSE NUMBER: 7614-A
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James Bacher
22b. LICENSE NUMBER (of Licensee): 6228
23. NAME AND ADDRESS OF FACILITY: Bacher Funeral Home 3250 Greenwich Rd. Norton, OH 4420
24. REGISTRAR'S SIGNATURE: Linda Barden
25. DATE FILED (Month, Day, Year): 3-12-90
26a. SIGNATURE OF PERSON ISSUING PERMIT
26b. DIST. No.
27. DATE PERMIT ISSUED
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: 7:30 P M
28c. DATE PRONOUNCED DEAD (Month, Day, Year): March 11, 1990
28d. WAS CASE REFERRED TO CORONER? ☐ Yes ☐ No
28e. SIGNATURE AND TITLE OF CERTIFIER
28f. LICENSE NUMBER: 21464
28g. DATE SIGNED (Month, Day, Year): 3-12-90
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print): Herbert E. Croft, MD 400 Wabash Akron, OH 44307
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. Respiratory failure	
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): Cancer of the colon 1987	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

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)

THIS IS HEREBY CERTIFIED TO BE A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE ON FILE IN THE AKRON HEALTH DEPARTMENT.
Linda Barden
LINDA BARDEN, REGISTRAR
3-13-90
DATE