

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

State File No.

Reg. Dist. No. _____

Primary Reg. Dist. No. _____

Registrar's No. _____

DO NOT WRITE IN MARGIN RESERVED FOR OOH DATA CODING

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

SEE INSTRUCTIONS ON REVERSE SIDE

HEA 2717
5152 06 Rev. 2/97

1. Decedent's Name (First, Middle, LAST) MARVIN LOWELL HENDRIX				2. Sex MALE		3. Date of Death (Month, Day, Year) DEC. 17, 2001	
4. Social Security Number 286-68-1094		5a. Age-Last Birthday (Years) 27	5b. Under One Year Months _____ Days _____	5c. Under 1 Day Hours _____ Minutes _____		6. Date of Birth (Month, Day, Year) APR. 11, 1974	7. Birthplace (City, County and State or Foreign Country) HAMILTON, OH.
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 checked="" type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____					
9b. Facility Name (If Not Institution, Give Street and Number) FORT HAMILTON HOSPITAL				9c. City, Village, Twp., or Location of Death HAMILTON		9d. County of Death BUTLER	
10. Marital Status- Married, Never Married, Widowed, Divorced (Specify) NEVER MARRIED		11. Surviving Spouse (If Wife, Give Maiden Name)		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) ROOFER		12b. Kind of Business/Industry	
13a. Residence-State OHIO		13b. County HAMILTON	13c. City, Town, Twp., or Location FOREST PARK		13d. Street and Number 11458 FITCHBURG LANE		
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP Code 45240	14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race-American Indian, Black, White, etc. (Specify) BLACK	16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+)		
17. Father's Name (First, Middle, Last) JOHN KNIGHT				18. Mother's Name (First, Middle, Maiden Surname) BARBARA HENDRIX			
19a. Informant's Name (Type/Print) BARBARA HENDRIX				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 11458 FITCHBURG LANE, CINCINNATI, OHIO 45240			
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) GREENWOOD CEMETERY		20c. Location City or Town, State HAMILTON, OHIO			
20d. Date of Disposition DEC. 20, 2001		21a. Name of Embalmer (First, Middle, Last) DONALD H. JORDAN, SR.		21b. License Number 6151A			
22a. Signature of Funeral Director or Other Person <i>Donald H. Jordan, Sr.</i>		22b. License Number (of Licensee) 5164		23. Name and Address of Facility (Include City, State and ZIP code) GREEN, HALL & JORDAN MEMORIAL CHAPEL 532 SOUTH SECOND STREET HAMILTON, OHIO 45011			
24. Registrar's Signature ➤		25. Date Filed (Month, Day, Year)		26a. Signature of Person Issuing Permit ➤		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 9:07 AM M		28c. Date Pronounced Dead (Month, Day, Year) December 17, 2001		28d. Was Case Referred to Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28e. Signature and Title of Certifier ➤ <i>R.P. Burkhardt, M.D.</i>				28f. License Number 35-027548		28g. Date Signed (Month, Day, Year) Jan. 25, 2002	
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) Richard P. Burkhardt, M.D., Coroner, 315 High St., Suite 650, Hamilton, OH 45011							
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.							Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) →		a. Cocaine abuse		E855.2			
Sequentially list conditions, if any, leading to the immediate cause.		b. Due to (or as a Consequence of)					
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)		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. Other undetermined factors						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 checked="" type="checkbox"/> Accident <input type="checkbox"/> Could Not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. Date of Injury (Month, Day, Year) 12-17-2001	33b. Time of Injury approx 1:50 AM M	33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33d. Describe How Injury Occurred drug abuse		
33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify) street				33f. Location (Street and Number or Rural Route Number, City or Town, State) East Avenue at Sycamore Street, Hamilton, OH			

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