ACTION: Final

EXISTING

Appen Only Department of Health
Appen Only VITAL STATISTICS
Supplementary Medical Certification

State File No.

33g. If Transportation Injury, Specify:

Registrar's No.

Bar Code Number here

Name of Deceased					·					
Place of Death						Date	of Death			
23. Registrars Signature					1 24 Data 1711 2					
					24. Date Filed					
26a, Certifier (Check Only One)		☐ Certifying Physician								
(0.0000 0.00)	-	To the best of my Knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner 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 stated.								
26b. Time of Death			26c. Date Pronounced Dead (Mo/Day/Year)			26d. Was Case		(s) and manner stated, use referred to Corone	and manner stated, referred to Coroner?	
26e. Signature and Title of Certifier					26f. License number		26g. Date Signed			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death										
		_								
28. Part I. Enter the disease, injuries, or complications that caused the death. Do no enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only Approximate Interval										
Immediate Cause (Final a.							Between Onset and Death			
disease or condition resulting in death)										
Sequentially list conditions, if any,	b. Due to (or as Consequence of)									
leading to the immediate cause.										
	c. Due to (or as Consequence of)							·		
Enter Underlying Cause Last (Disease or injury										
that initiated events resulting in a death)										
1000111119 111 0 00001111)	d. Due to (or us Consequence of)									
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was an Autopsy 29b. Were Autopsy Fi			ings Available	
					Performed?	Prior to completion of Cause of Death?				
30. Did Tobacco Use Contribute to 31. If Female					20.15	fundamental de la constantia della constantia della const				
Death?		J. at Pulmare			32, Manuer of Death					
22- 7-4-057										
33a. Date Of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g	., Decedent's home, o	's home, construction site, restaurant, wooded area) 33d. Injury at Work			jury at Work?	
33e. Location of Injury (St	eet and Number of	or Rural Route Number, C	City or Town, State)							

HEA 2752 Rev. 01/07

33f. Describe How Injury Occurred:

THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS Required by section 3705.27 of the Ohio Revised Code

Bar Code here

OAC 3701-5-02 Appendix E