

Reg. Dist. No. 31
Primary Reg. Dist. No. 3101

Ohio Department of Health
VITAL STATISTICS

State File No. 2013091926

Registrar's No. 2013003420
CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

DECEDENT

1. Decedent's Legal Name (Include AKA's if any); First Middle, LAST, suffix) JOHN MONTGOMERY ARTHUR				2. Sex Male		3. Date of Death (Mo/Day/Year) October 22, 2013	
4. Social Security Number 284-70-0332	5a. Age (Years) 48	5b. Under 1 Year Months 	5c. Under 1 day Days 	5d. Under 1 day Hours 	5e. Under 1 day Minutes 	5. Date of Birth (Mo/Day/Year) October 10, 1965	
6a. Residence State OHIO			6b. County HAMILTON			6c. City or Town CINCINNATI	
6d. Street and Number 1326 VINE STREET				6e. Apt. No. 3	6f. Zipcode 45202	6g. Inside City Limits? Yes	
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Married		11. Surviving Spouse's Name (If wife, give name prior to first marriage) JAMES R OBERGEFELL			
12. Decedent's Education BACHELORS DEGREE (E.G., BA, AB, BS)			13. Decedent of Hispanic Origin No		14. Decedent's Race White		
15. Father's Name CHESTER A ARTHUR				16. Mother's Name (prior to first marriage) MARILYN E RAISBECK			
17a. Informant's Name JAMES R OBERGEFELL				17b. Relationship to Decedent Spouse		17c. Mailing Address (Street and Number, City, State, Zip Code) 1326 VINE STREET #3 CINCINNATI, OHIO 45202	
18a. Place of Death Decedent's Home				18b. Facility Name (If not institution, give street & number) 1326 VINE STREET, Apt. No. 3		18c. City or Town, State and Zip Code CINCINNATI, OH 45202	
18d. County of Death HAMILTON							

REGISTRAR DISPOSITION

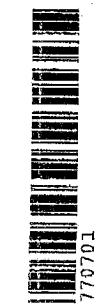
19. Signature of Funeral Service Licensee or Other Agent <i>Robert Thomas</i>		20. License Number (of licensee) 007836		21. Name and Complete Address of Funeral Facility GRUNN FUNERAL HOME 825 MAIN ST CINCINNATI, OH 45202	
22a. Method of Disposition Cremation		22b. Date of Disposition 10/25/2013			
22c. Place of Disposition (Name of Cemetery, Crematory, or other place) GREATER CINCINNATI CREMATORY		22d. Location (City/Town and State) CINCINNATI, OH			
23. Registrar's Signature <i>Camille Jones</i>		24. Date Filed OCT 25 2013			
25a. Name of Person Issuing Burial Permit JONES, CAMILLE		25b. District No. 3101		25c. Date Burial Permit Issued OCT 25 2013	

CERTIFIER

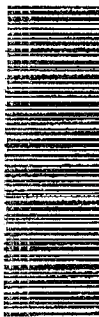
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.					
26b. Time of Death 3:15 AM		26c. Date Pronounced Dead (Mo/Day/Year) October 22, 2013		26d. Was case referred to coroner? Yes	
26e. Signature and Title of Certifier <i>[Signature] MD</i>		26f. License number 35.062118		26g. Date Signed 10.25.13	

CAUSE OF DEATH

27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death STEGMAN, SUSAN S, 4460 RED BANK RD #100 CINCINNATI, OH 45227			
28. Part I. Enter the disease, 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 blue or black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) Respiratory arrest	a.		
Sequentially list conditions, if any, leading to immediate cause end-stage ALS	b. Due to (or as Consequence of)		
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)		
	d. Due to (or as 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 Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably		31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)			
33f. Describe How Injury Occurred:			33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:



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