

Reg. Dist. No. 31
 Primary Reg. Dist. No. 3101
 Registrar's No. 2013002803

Ohio Department of Health
 VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 2013076293

DECEDENT

REGISTRAR DISPOSITION

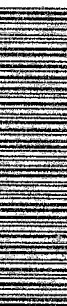
CERTIFIER

CAUSE OF DEATH

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix) WILLIAM HERBERT IVES		2. Sex Male	3. Date of Death (Mo/Day/Year) August 27, 2013
4. Social Security Number 103-50-1728	5a. Age (Years) 54	5b. Under 1 Year Months Days	5c. Under 1 day Hours Minutes
6. Date of Birth (Mo/Day/Year) May 21, 1959		7. Birthplace (City and State or Foreign Country) CATSKILL, NEW YORK	
8a. Residence State OHIO		8b. County HAMILTON	
8c. City or Town CINCINNATI		8d. Street and Number 128 Congress Run	
8e. Apt. No.		8f. Zipcode 45215	8g. 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) DAVID MICHENER
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 WILLIAM HERBERT IVES	
16. Mother's Name (prior to first marriage) ELIZABETH JANSSON		17a. Informant's Name DAVID MICHENER	
17b. Relationship to Decedent Spouse		17c. Mailing Address (Street and Number, City, State, Zip Code) 128 Congress Run CINCINNATI, OHIO 45215	
18a. Place of Death Hospital - Inpatient		18b. Facility Name (If not institution, give street & number) UNIVERSITY HOSPITAL, INC	
18c. City or Town, State and Zip Code CINCINNATI, OH 45219		18d. County of Death HAMILTON	
19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>		20. License Number (of licensee) 9541	
21. Name and Complete Address of Funeral Facility GWEN MOONEY FUNERAL HOME		22a. Method of Disposition Cremation	
22b. Date of Disposition 9/5/13		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) Spring Grove Cemetery and Crematory	
22d. Location (City/Town and State) CINCINNATI, OH		22e. Location (City/Town and State) 4389 SPRING GROVE AVE CINCINNATI, OH 45223	
23. Registrar's Signature <i>[Signature]</i>		24. Date Filed SEP 05 2013	
25a. Name of Person Issuing Burial Permit JONES, CAMILLE		25b. District No. 3101	
25c. Date Burial Permit Issued SEP 05 2013		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 0405		26c. Date Pronounced Dead (Mo/Day/Year) 08/27/13	
26d. Signature and Title of Certifier <i>[Signature]</i> M.D.		26e. License number 35.086759	
26f. Date Signed 9-4-13		26g. Date Signed	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death Blitz, Arie, University Hospitals of Cleveland CLEVELAND, OH 44106-501			
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) cardiogenic shock		Hours	
Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) advanced aortic valve endocarditis		Weeks	
c. Due to (or as Consequence of) enterococcus		Weeks	
Enter Underlying Cause (Disease or Injury that initiated events resulting in a death) 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. aortic insufficiency, cardiac surgery including aortic root replacement.			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input 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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