

Registration District No. 1045

Primary Registration District No. 7281

1. PLACE OF DEATH a. COUNTY MENIFFE		2. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission) a. STATE OHIO b. COUNTY Montgomery	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN YORBA		c. LENGTH OF STAY (in table space)	c. CITY OR TOWN DAYTON
d. FULL NAME OF HOSPITAL OR INSTITUTION Korea		d. STREET ADDRESS	IS RESIDENCE ON A FARM? 4 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) FREDRICK CHARLES DANIEL		a. (First) b. (Middle) c. (Last)	IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	4. DATE OF DEATH (Month) (Day) (Year) Oct-20-1962
8. DATE OF BIRTH Oct-14-1961	9. AGE (In years last birthday) 1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY OHIO
11. BIRTHPLACE (state or foreign country) OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME BILL DANIEL	14. MOTHER'S MAIDEN NAME FLOSSIE COX
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (See, in, or unknown) -	16. SOCIAL SECURITY NO. -	17. INFORMANT BILL DANIEL	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 78 hours
7.545 Conditions, if any, which gave rise to above cause (a) Due to (b) Congenital Heart Disease (revere)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Mongoloid baby		
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY Hour <input type="checkbox"/> Minute <input type="checkbox"/> Day, Year	21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION	COUNTY STATE

22. I hereby certify that I attended the deceased from **18 Oct, 1962** to **20 Oct, 1962**, that I last saw the deceased alive on **18 Oct, 1962** and that death occurred at **5:30 AM**, from the causes and on the date stated above.

23a. DATE SIGNED 20 Oct	23b. ADDRESS Churchland Ky	23c. SIGNATURE J. L. Granger (Deputy or 1112)
24a. BURIAL CREMATION, REMOVAL (Specify): BURIAL	24b. DATE Oct-21-1962	24c. NAME OF CEMETERY OR CREMATORY Starks Cem
24d. LOCATION (City, town, or county) (State) SALT LICK BATA KY	25a. DATE REC'D BY LOCAL REG. 10/31/62	25b. REGISTRAR'S SIGNATURE Ruby E Robinson
25c. FUNERAL DIRECTOR ADDRESS Paul Lick Bata KY	25d. REGISTRAR'S SIGNATURE Paul Lick Bata KY	