

CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) WAYNE B INGRAM						2. Sex MALE	3. Date of Death (Month/Day/Year) DECEMBER 02, 2021
	4. Social Security Number 453-50-4137	5a. Age (Years) 86	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) JANUARY 17, 1935	7. Birthplace (City and State or Foreign Country) FALLS CITY, TEXAS		
	8a. Residence State OHIO		8b. County STARK		8c. City or Town LOUISVILLE			
8d. Street Address and Zip Code 518 HAZEL AVE 44641							8. 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) DAUNE SORRELL				
12. Decedent's Education DOCTORATE DEGREE OR PROFESSIONAL DEGREE				13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE			
15. Father's Name BURLEY B INGRAM				16. Mother's Name (prior to first marriage) WILMA E STRAWN				
17a. Informant's Name DAUNE INGRAM				17b. Relationship to Decedent WIFE	17c. Mailing Address (Street and Number, City, State, Zip Code) 518 HAZEL AVE LOUISVILLE, OHIO 44641			
18a. Place of Death HOSPITAL - INPATIENT				18b. Facility Name (If not institution, give street & number) AULTMAN HOSPITAL		18c. City or Town, State and Zip Code CANTON, OH 44710	18d. County of Death STARK	
19. Funeral Service Licensee or Other Agent DONALD E ISRAEL				20. License Number (of licensee) 005656	21. Name and Complete Address of Funeral Facility STIER-ISRAEL FUNERAL HOME 917 E MAIN LOUISVILLE, OH 44641			
22. Method and Place of Disposition CREMATION - C R W CREMATORY, CANTON, OH				23. Local Registrar <i>Donna Adams</i>				
24. Date Filed (Month/Day/Year) <i>December 6, 2021</i>				25. 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 or Medical Examiner (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.				
26a. Time of Death 2235		26b. Date Pronounced Dead (Month/Day/Year) DECEMBER 2, 2021		26c. Was Case Referred to Medical Examiner or Coroner? NO				
26e. Certifier Name and Title <i>Brady S Steineck MD</i>				26f. License number 35.096492	26g. Date Signed (Month/Day/Year) 12/06/2021			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death BRADY SCOTT STEINECK, 1302 W MAIN ST SUITE A, LOUISVILLE, OH 44641								
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.								
Immediate Cause (Final disease or condition resulting in death)		a. Sepsis				Approximate Interval: Onset and Death hours		
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of) covid						
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. Diabetes kidney failure heart failure								
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		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 checked="" type="checkbox"/> Not Applicable		
				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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