

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) LATYNIA S OWENS						2. Sex FEMALE	3. Date of Death (Month/Day/Year) JUNE 13, 2021
	4. Social Security Number 385-84-1610		5a. Age (Years) 55	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) AUGUST 12, 1965		7. Birthplace (City and State or Foreign Country) SAGINAW, MICHIGAN
	8a. Residence State OHIO		8b. County CUYAHOGA			8c. City or Town MAPLE HEIGHTS		
	8d. Street Address and Zip Code 16080 MAPLE HTS. BLVD APT. 104 44137						9. Ever in US Armed Forces? NO	
	10. Marital Status at Time of Death NEVER MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO		14. Decedent's Race BLACK		
	15. Father's Name CHARLES SANDERS JR				16. Mother's Name (prior to first marriage) MILDRED BENFORD			
	17a. Informant's Name ANGELA SANDERS				17b. Relationship to Decedent SISTER		17c. Mailing Address (Street and Number, City, State, Zip Code) 16080 MAPLE HTS. BLVD 104 MAPLE HEIGHTS, OHIO 44137	
	18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY						18b. Facility Name (If not Institution, give street & number) PLEASANTVIEW NURSING HOME	
	18c. City or Town, State and Zip Code PARMA, OH 44129						18d. County of Death CUYAHOGA	
DISPOSITION	19. Funeral Service Licensee or Other Agent CHARLES W TAYLOR				20. License Number (of licensee) 007341		21. Name and Complete Address of Funeral Facility CHARLES W TAYLOR FS 21900 Euclid Ave EUCLID, OH 44117	
	22. Method and Place of Disposition CREMATION - GREENFIELD CREMATORY, CLEVELAND, OH							
	23. Local Registrar				24. Date Filed (Month/Day/Year)			
CERTIFIER	25a. 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.							
	25b. Time of Death 1347		25c. Date Pronounced Dead (Month/Day/Year) JUNE 13, 2021		25d. Was Case Referred to Medical Examiner or Coroner? NO			
CAUSE OF DEATH	25e. Certifier Name and Title Rastogi MD		25f. License number 35.075697		25g. Date Signed (Month/Day/Year) 6/15/21			
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death VIJAY RASTOGI, 20050 HARVARD RD SUITE 304, WARRENSVILLE HEIGHTS, OH 44122							
	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: Onset and Death
	Immediate Cause (Final disease or condition resulting in death) a. Hypertensive Heart Disease with heart failure > 2wks		b. Due to (or as Consequence of)					
	Sequentially list conditions, if any, leading to immediate cause. 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.						29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input 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 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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <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:		

