

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (include AKA's if any) ROBERT MILLIGAN PRITTS						2. Sex MALE		3. Date of Death (Mo/Day/Year) APRIL 27, 2022		
	4. Social Security Number 164-26-7783		5a. Age (Years) 89	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) SEPTEMBER 05, 1932		7. Birthplace (City and State or Foreign Country) INDIAN HEAD, PENNSYLVANIA		
	8a. Residence State OHIO			8b. County FRANKLIN			8c. City or Town COLUMBUS				
	8d. Street Address and Zip Code 4140 MARLAND DR 43224						9. Ever in US Armed Forces? YES - AIR FORCE				
DISPOSITION	10. Marital Status at Time of Death MARRIED						11. Surviving Spouse's Name (If wife, give name prior to first marriage) CATHERINE ZELASKO				
	12. Decedent's Education MASTERS DEGREE (E.G., MA, MS..)				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE				
	15. Father's Name JOSEPH PRITTS						16. Mother's Name (prior to first marriage) CORINNE DUMBAULD				
	17a. Informant's Name STEVE PRITTS						17b. Relationship to Decedent SON		17c. Mailing Address (Street and Number, City, State, Zip Code) 81 MAURICE PL PERRYSBURG, OHIO 43551		
	18a. Place of Death HOSPITAL - INPATIENT						18b. Facility Name (If not Institution, give street & number) RIVERSIDE METHODIST HOSPITAL				
	18c. City or Town, State and Zip Code COLUMBUS, OH 43214						18d. County of Death FRANKLIN				
	19. Funeral Service Licensee or Other Agent AMY RACHEL SHAW						20. License Number (of licensee) 009994		21. Name and Complete Address of Funeral Facility SHAW DAVIS FUNERAL HOME INC 4341 N HIGH ST COLUMBUS, OH 43214		
	22. Method and Place of Disposition CREMATION - SHAW-DAVIS CREMATORY, COLUMBUS, OH										
	23. Local Registrar SANDRA TAYLOR						24. Date Filed (Month/Day/Year) MAY 04, 2022				
	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 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.									
26b. Time of Death 00:18		26c. Date Pronounced Dead (Month/Day/Year) APRIL 27, 2022				26d. Was Case Referred to Medical Examiner or Coroner? NO					
CAUSE OF DEATH	26e. Certifier Name and Title CHARLES WADE MASON		26f. License number DO		26g. Date Signed (Month/Day/Year) MAY 02, 2022		27. Name and Address of Person who Completed Cause of Death CHARLES WADE MASON, 800 MCCONNELL DRIVE, COLUMBUS, OH 43214				
	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 DUE TO C. DIFF COLITIS						Approximate Interval: Onset and Death DAYS		
	Sequentially list conditions, if any, leading to immediate cause		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)								
CAUSE OF 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? NO		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE		
	30. Did Tobacco Use Contribute to Death? NO		31. If Female, Pregnancy Status NOT APPLICABLE.				32. Manner of Death NATURAL				
	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?		
	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:				

HEA 2724 Rev. 08/18

Sandra Taylor, Franklin County Registrar

MAY 04 2022

Sandra Taylor