

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 4802
Registrar's No. 4800-2023002725

State File No. 2023060507

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DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) CATHERINE MAE PRITTS						2. Sex FEMALE	3. Date of Death (Mo/Day/Year) JUNE 16, 2023
	4. Social Security Number 164-26-7785	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) JUNE 22, 1933	7. Birthplace(City and State or Foreign Country) CONNELLSVILLE, PENNSYLVANIA	
	8a. Residence State OHIO		8b. County LUCAS			8c. City or Town MAUMEE		
	8d. Street Address and Zip Code 1050 MEDICAL CENTER PARKWAY 43537						9. Ever in US Armed Forces? NO	
	10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)				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 WHITE		
	15. Father's Name FRANK ZELASKO				16. Mother's Name (prior to first marriage) MARY SERBO			
	17a. Informant's Name STEVEN PRITTS			17b. Relationship to Decedent SON		17c. Mailing Address (Street and Number, City, State, Zip Code) 181 MAURICE PLACE PERRYSBURG, OHIO 43551		
	18a. Place of Death NURSING HOME/LONG TERM CARE FACILITY				18b. Facility Name (If not Institution, give street & number) MAUMEE POINTE ASSISTED LIVING & MEMORY CARE		18c. City or Town, State and Zip Code MAUMEE, OH 43537	
					18d. County of Death LUCAS			
DISPOSITION	19. Funeral Service Licensee or Other Agent RICHARD E KIRBY				20. License Number (of licensee) 009251		21. Name and Complete Address of Funeral Facility AMERICAN CREMATION EVENTS 3007 TREMAINSVILLE ROAD TOLEDO, OH 43613	
	22. Method and Place of Disposition REMOVAL FROM STATE - SERENITY CREMATION SERVICES, TAYLOR, MI							
	23. Local Registrar TINA STOKES				24. Date Filed (Month/Day/Year) JUNE 21, 2023			
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 16:40		26c. Date Pronounced Dead (Month/Day/Year) JUNE 16, 2023			26d. Was Case Referred to Medical Examiner or Coroner? NO		
	26e. Certifier Name and Title WILLIAM SAUNDERS MD			26f. License number 35.097800		26g. Date Signed (Month/Day/Year) JUNE 21, 2023		
27. Name and Address of Person who Completed Cause of Death WILLIAM SAUNDERS, 1730 SOUTH REYNOLDS ROAD, TOLEDO, OH 43614								
CAUSE OF DEATH	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. PARKINSONS DISEASE					YEARS	
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
		c. Due to (or as Consequence of)						
	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? 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

Tina Stokes, Local Registrar

JUN 22 2023

Tina Stokes



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