

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 2300

State File No. 2021083481

Registrar's No. 2300-2021000855

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JOHN ALBERT MEADOWS					2. Sex MALE	3. Date of Death (Mo/Day/Year) AUGUST 08, 2021			
	4. Social Security Number REDACTED		5a. Age (Years) 49	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) APRIL 11, 1972		7. Birthplace (City and State or Foreign Country) WASHINGTON COURT HOUSE, OHIO		
	8a. Residence State OHIO			8b. County FAIRFIELD		8c. City or Town PICKERINGTON				
	8d. Street Address and Zip Code 7482 GEARIED ST 43147						9. 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) MARY QUITTER				
	12. Decedent's Education BACHELORS DEGREE (E.G., BA, AB, BS)				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE			
	15. Father's Name UNKNOWN UNKNOWN					16. Mother's Name (prior to first marriage) LINDA MEADOWS				
	17a. Informant's Name MARY MEADOWS					17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 7482 GEARIED ST		
	18a. Place of Death DECEDENT'S HOME						18c. City or Town, State and Zip Code PICKERINGTON, OHIO 43147			
	18b. Facility Name (If not Institution, give street & number) 7482 GEARIED ST					18c. City or Town, State and Zip Code PICKERINGTON, OH 43147			18d. County of Death FAIRFIELD	
DISPOSITION	19. Funeral Service Licensee or Other Agent RICHARD T WAPPNER				20. License Number (of licensee) 009047		21. Name and Complete Address of Funeral Facility DWAYNE R SPENCE FUNERAL 550 HILL RD N PICKERINGTON, OH 43147			
	22. Method and Place of Disposition BURIAL - HOLY CROSS CEMETERY, ETNA, OH									
	23. Local Registrar PAULETTA KRIEGER					24. Date Filed (Month/Day/Year) AUGUST 13, 2021				
	25. Certifier (Check only one) <input 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 checked="" 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.									
CERTIFIER	26b. Time of Death 03:00 APPROXIMATE			26c. Date Pronounced Dead (Month/Day/Year) AUGUST 08, 2021			26d. Was Case Referred to Medical Examiner or Coroner? YES			
	26e. Certifier Name and Title BRIAN VARNEY MD			26f. License number 35.082980		26g. Date Signed (Month/Day/Year) AUGUST 23, 2021				
	27. Name and Address of Person who Completed Cause of Death BRIAN VARNEY, 240 BALDWIN DR, LANCASTER, OH 43130									
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. LATE COMPLICATIONS OF IDIOPATHIC MYOINTIMAL HYPERPLASIA WITH THROMBOSIS					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. RECURRENT THROMBOTIC DISEASE WITH LONG TERM USE OF ANTICOAGULANTS						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

* Certifier has filed updated information regarding the Cause of Death



1773540

2021083481



2021083481