

**REQUEST FOR APPROVAL
FOR ELECTRONIC FILING OF DEATH CERTIFICATE**

Funeral Home Wonderly Horvath Hanes Funeral Home
Contact Name Jennifer L. Bueno
Funeral Home Phone Number (419) 332-6409
Funeral Home E-mail Address info@whhfh.com
Decedent's Name Candida L. Herrera
Date of Death 05-06-2018

Please complete the above information and e-mail the death certificate to the e-mail address listed below. This e-mail address is for filing purposes only. Adobe PDF format is the preferred method. **NO FAXES WILL BE ACCEPTED.**

The registrar's office will e-mail a letter of confirmation of registration to the e-mail address you provided above or a phone call will be placed to you if the certificate has been rejected. No orders for certified copies will be accepted until you receive confirmation that the record has been registered with this office. Please allow one business day for the certificate to be reviewed for registration.

For a complete list of participating jurisdictions, see page 2.

No other offices shall accept e-mailed death certificates for filing.

Please complete a separate cover sheet for each death certificate.

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's If any) CANDIDA L HERRERA						2. Sex FEMALE	3. Date of Death (Mo/Day/Year) MAY 06, 2018
4. Social Security Number 301-68-1405	5a. Age (Years) 59	5b. Under 1 Year Months Days	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) JANUARY 05, 1959	7. Birthplace (City and State or Foreign Country) FREMONT, OHIO		
8a. Residence State OHIO		8b. County SANDUSKY		8c. City or Town FREMONT			
8d. Street and Number 310 RAWSON AVENUE				8e. Apt. No.	8f. Zipcode 43420	8g. Inside City Limits? YES	
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) RICARDO HERRERA				
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin YES - PUERTO RICAN	14. Decedent's Race WHITE			
15. Father's Name JUAN J ROCA			16. Mother's Name (prior to first marriage) FAYE LYNNE STINE				
17a. Informant's Name RICARDO HERRERA			17b. Relationship to Decedent HUSBAND	17c. Mailing Address (Street and Number, City, State, Zip Code) 310 RAWSON AVENUE FREMONT, OHIO 43420			
18a. Place of Death HOSPITAL - INPATIENT			18b. Facility Name (If not Institution, give street & number) CLEVELAND CLINIC FOUNDATION - H18		18c. City or Town, State and Zip Code CLEVELAND, OH 44195	18d. County of Death CUYAHOGA	
19. Signature of Funeral Service Licensee or Other Agent SCOTT K HANES			20. License Number (of licensee) 008654	21. Name and Complete Address of Funeral Facility WONDERLY HORVATH HANES FH 425 E STATE ST FREMONT, OH 43420			
22a. Method of Disposition CREMATION			22b. Date of Disposition (Mo/Day/Year) May 8, 2018		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) RIVERVIEW CREMATORY		
22d. Location (City/Town and State) FREMONT, OH							
23. Registrar's Signature			24. Date Filed (Mo/Day/Year)				
25a. Name of Person Issuing Disposition Permit OVERMYER, MARSHA			25b. District No. 7200	25c. Date Disposition Permit Issued (Mo/Day/Year) May 8, 2018			
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 0426		26c. Date Pronounced Dead (Mo/Day/Year) 05/26/2018		26d. Was the Medical Examiner or Coroner Contacted? NO		
26e. Signature and Title of Certifier [Signature] DO		26f. License number 34.012838	26g. Date Signed (Mo/Day/Year) 5-7-18				
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death KYLE NEALE, 9500 EUCLID AVENUE, CLEVELAND, OH 44195							
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 Between Onset and Death	
Immediate Cause (Final disease or condition resulting in death) a. Hemophagocytic Lymphohistiocytosis						4 days	
Sequentially list conditions, if any, leading to immediate cause. b. Due to (or as Consequence of) LYMPHOMA						15.5 years	
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.							
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. Female, Pregnancy Status <input checked="" 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"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	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 type="checkbox"/> Not Applicable	
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:		

DECEDENT

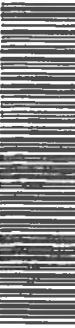
REGISTRAR DISPOSITION

CERTIFIER

CAUSE OF DEATH



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