



Ohio Attorney General's Office
Bureau of Criminal Investigation
 Investigative Report



2025-0151
 Officer Involved Critical Incident - 350 South Arch Avenue,
 Alliance, Ohio 44601, Stark County

Investigative Activity: Stacy Pride Autopsy Records Received and Reviewed
Involves: Stacy Pride (V), Stark County Coroner's Office (O),
 Cuyahoga County Medical Examiner's Office (O)
Activity Date: 04/24/2025
Activity Location: BCI - 4055 Highlander Parkway, Richfield, OH 44286
Authoring Agent: SA Nicholas Valente

Narrative:

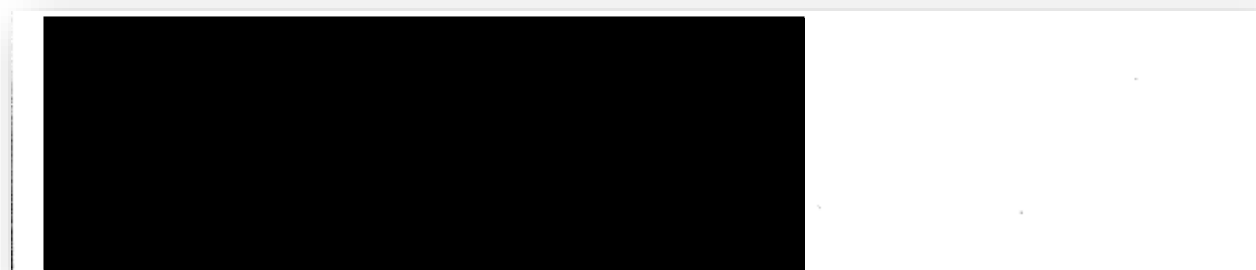
On Wednesday, July 09, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Nick Valente (SA Valente) received an email from the Stark County Coroner's Office. The correspondence consisted of the Verdict, Findings, Investigative Notes, and Death Certificate for Stacy Pride (Pride). The following day, July 10, 2025, SA Valente received an email from the Stark County Coroner's Office. This correspondence included the Report of Autopsy and Toxicology Report for Pride.

SA Valente reviewed the reports and noted the following:

The autopsy report was authored by Doctor Thomas Gilson of the Cuyahoga County Medical Examiner's Office (CCMEO). The Toxicology Lab Report was authored by Chief Toxicologist Luigino Apollonio of the CCMEO. The investigative notes were authored by Stark County Coroner's Investigator Tamara Wilkes. The remaining records, including the "FINAL CAUSE AND MANNER OF DEATH" were authored by Stark County Chief Deputy Coroner/Doctor Anthony Bertin.

The information deemed to be the most relevant to this inquiry is summarized below for the convenience of the reader. However, as the author is not a doctor, it is suggested that the report be viewed in its entirety to ensure no pertinent information has been omitted or described out-of-context.

The "DIAGNOSIS" section of the report listed the following relevant information:



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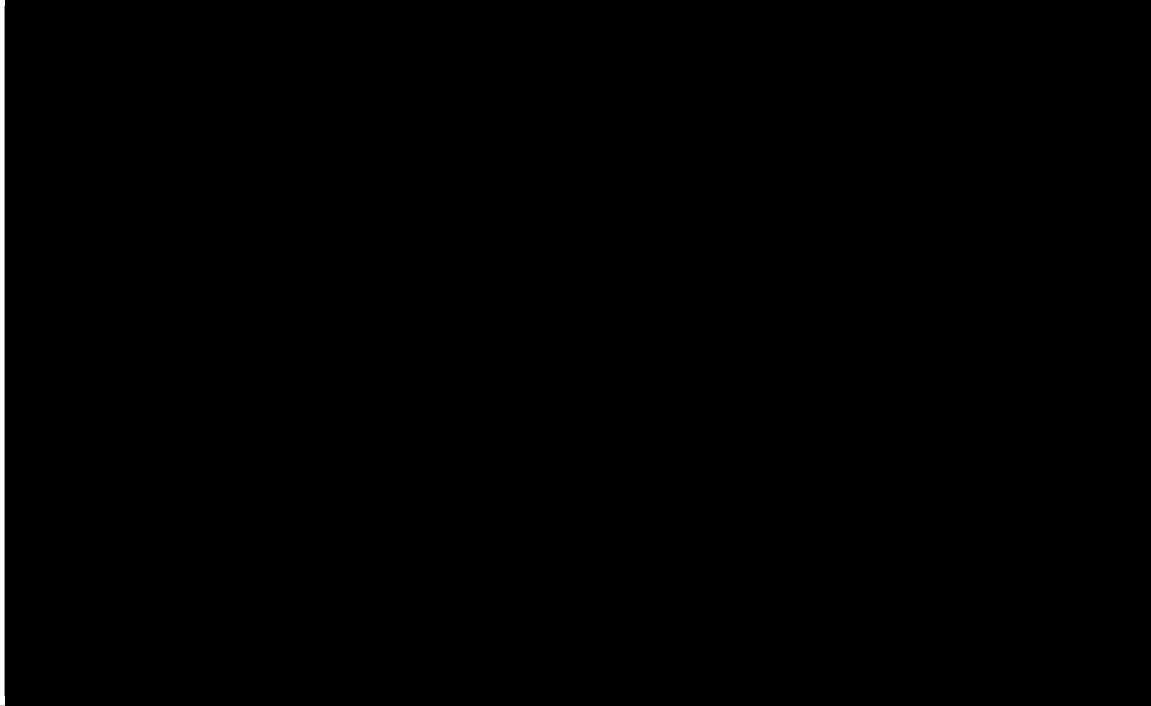


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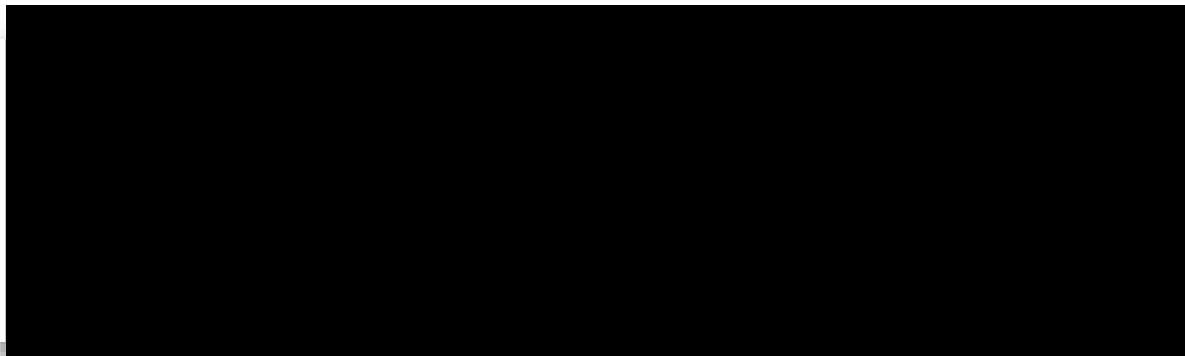


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DIAGNOSIS continued:



The "Injuries" section of the autopsy report included the following:



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Injuries continued:



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Injuries continued:



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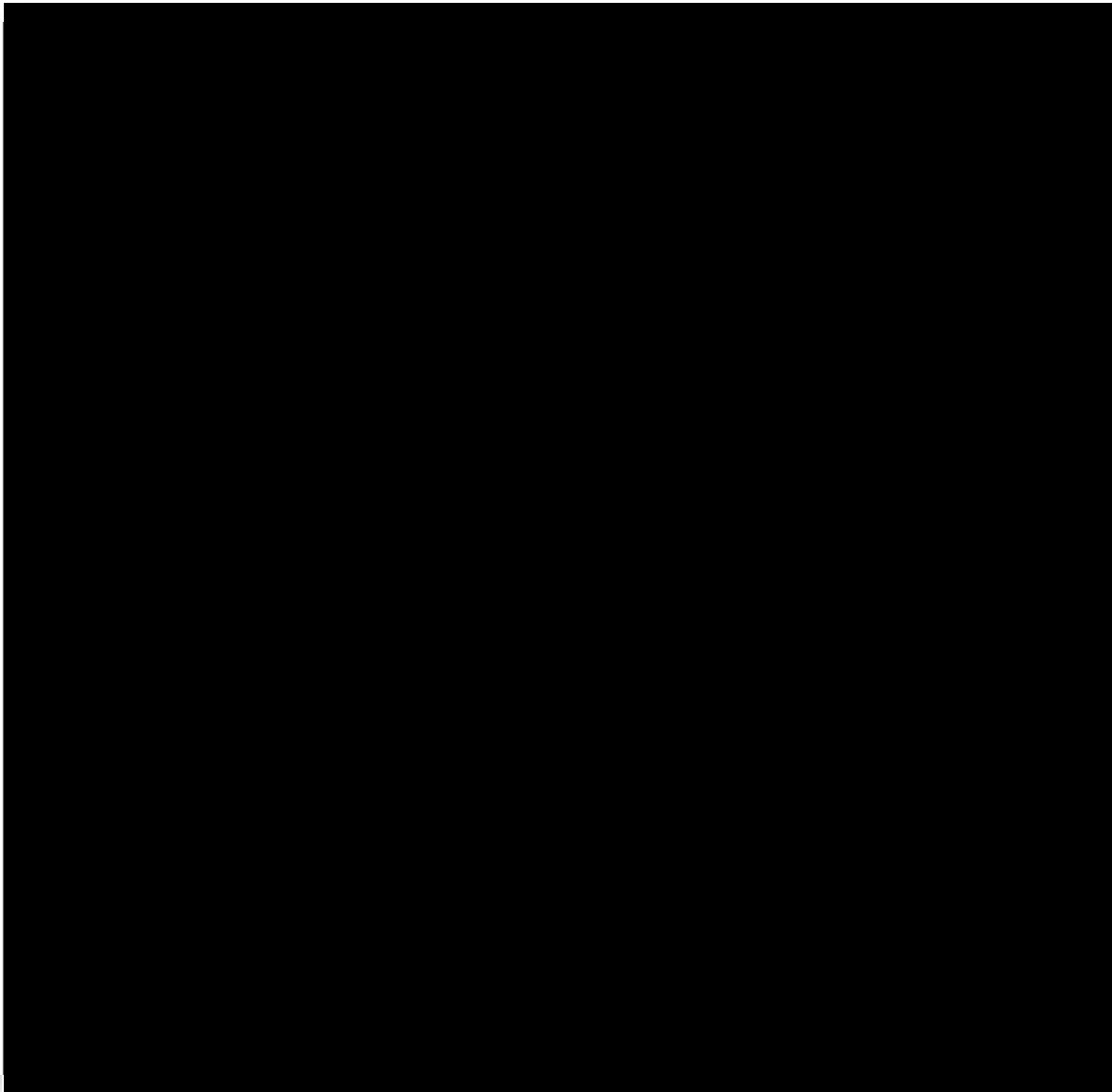


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Injuries continued:



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The "CAUSE OF DEATH" for Pride was listed as [REDACTED]

The "FINAL CAUSE AND MANNER OF DEATH" included:

[REDACTED]

The "SUMMARY OF DEATH" section contained the following information:

[REDACTED]

The "SUMMARY OF TOXICOLOGY RESULTS" contained the following information:

[REDACTED]

The autopsy report and related records were attached to this report. Please refer to the attachments for the full details.

References:

None

Attachments:

1. Stacy L. Pride Verdict, Findings, Investigative Note and Death Certificates
2. Stacy L. Pride Report of Autopsy CCME
3. Stacy L. Pride Toxicology CCME

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Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

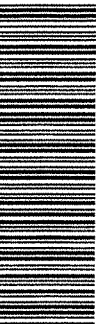
Primary Reg. Dist. No. 7603
Registrar's No. 7603-2025000014

State File No. 2025007333

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) STACY LYNN PRIDE						2. Sex FEMALE	3. Date of Death (Month/Day/Year) JANUARY 16, 2025
	4. Social Security Number [REDACTED]	5a. Age (Years) 56	5b. Under 1 Year Months	5c. Under 1 day Days	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth(Mo/Day/Year) JUNE 10, 1968	7. Birthplace(City and State or Foreign Country) ALLIANCE, OHIO
	8a. Residence State OHIO		8b. County STARK			8c. City or Town ALLIANCE		
	8d. Street Address and Zip Code 350 S ARCH ST APT. #515 44601							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 TIBBS PRIDE				16. Mother's Name (prior to first marriage) SYLVIA WATSON			
	17a. Informant's Name NATHANIEL WALKER				17b. Relationship to Decedent FRIEND		17c. Mailing Address (Street and Number, City, State, Zip Code) 1014 YOUNG AVE NE CANTON, OHIO 44705	
	18a. Place of Death DECEDENT'S HOME							
	18b. Facility Name (if not Institution, give street & number) 350 S ARCH ST, APT. NO. 6				18c. City or Town, State and Zip Code ALLIANCE, OH 44601			18d. County of Death STARK
DISPOSITION	19. Funeral Service Licensee or Other Agent TAREA M RHODEN				20. License Number (of licensee) 008842		21. Name and Complete Address of Funeral Facility RHODEN MEMORIAL HOME 729 CHERRY AVE NE CANTON, OH 44702	
	22. Method and Place of Disposition CREMATION - C R W CREMATORY, CANTON, OH							
	23. Local Registrar KIMBERLY NELSON				24. Date Filed (Month/Day/Year) JANUARY 22, 2025			
	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 08:11			26c. Date Pronounced Dead (Month/Day/Year) JANUARY 16, 2025			26d. Was Case Referred to Medical Examiner or Coroner? YES	
	26e. Certifier Name and Title RONALD ROBERT RUSNAK MD				26f. License number 35.057165		26g. Date Signed (Month/Day/Year) JANUARY 22, 2025	
	27. Name and Address of Person who Completed Cause of Death RONALD ROBERT RUSNAK, 3053 CLEVELAND AVE SW, CANTON, OH 44707							
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. PENDING						
	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? YES	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? YES	
30. Did Tobacco Use Contribute to Death? UNKNOWN			31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death PENDING INVESTIGATION		
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:		



2257255
2025007333



2025007333

Reg. Dist. No. 7603

Registrar's No. 7603-2025000014

Ohio Department of Health
VITAL STATISTICS
Supplementary Medical Certification

State File No. 2025007333

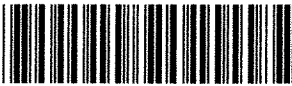
2257255

Name of Deceased STACY LYNN PRIDE			
Place of Death DECEDENT'S HOME			Date of Death JANUARY 16, 2025
23. Local Registrar KIMBERLY R NELSON		24. Date Filed JUNE 23, 2025	
26a. 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 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 08:11	26c. Date Pronounced Dead (Month/Day/Year) JANUARY 16, 2025		26d. Was Case referred to Coroner? YES
26e. Certifier Name and Title BERTIN, ANTHONY P DO		26f. License number 34.003103	26g. Date Signed JUNE 23, 2025
27. Name and Address of Person who Completed Cause of Death BERTIN, ANTHONY P, 3053 CLEVELAND AVE SW, CANTON, OH, 44707			
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 black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)			
Sequentially list conditions, if any, leading to the immediate cause.			
Enter Underlying Cause Last (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.		29a. Was an Autopsy Performed? YES	29b. Were Autopsy Findings Available Prior to completion of Cause of Death? YES
30. Did Tobacco Use Contribute to Death? NO	31. If Female, Pregnancy Status NOT APPLICABLE.	32. Manner of Death HOMICIDE	
33a. Date of Injury (Month/Day/Year) JANUARY 16, 2025	33b. Time of Injury UNKNOWN	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) HALLWAY OUTSIDE RESIDENCE	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 350 SOUTH ARCH STREET APT 515, ALLIANCE, OHIO			
33f. Describe How Injury Occurred: SHOT BY ANOTHER		33g. If Transportation Injury, Specify:	

HEA 2752
Rev. 08/18

THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN
OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS

Required by section 3705.27 of the Ohio Revised Code



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