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:	Mason French Autopsy Records Received and Reviewed
Involves:	Mason French (S), Starck 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:

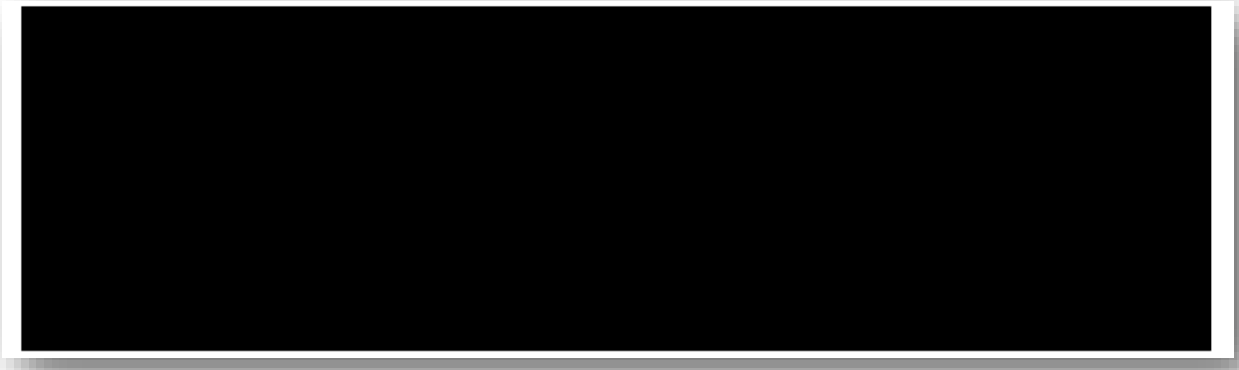
On Thursday, April 24, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Nick Valente (SA Valente) received an email from the Stark County Coroner's Office. The correspondence consisted of the Report of Autopsy, Toxicology, Verdict, Findings, Investigative Notes, and Death Certificate for Mason French (French).

SA Valente reviewed the reports and noted the following:

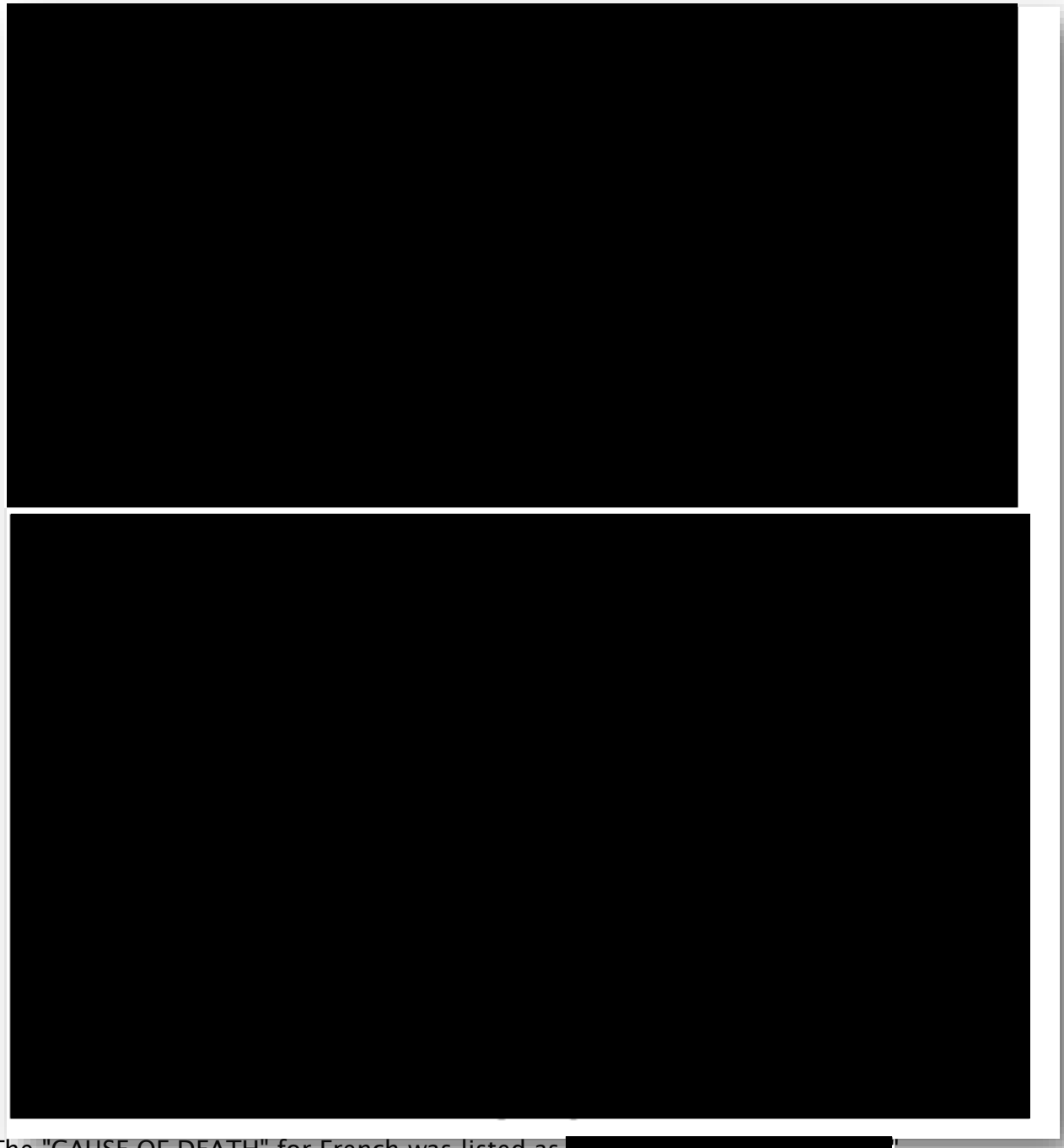
This autopsy report was authored by Doctor Kara Gawelek of the Cuyahoga County Medical Examiner's Office (CCMEO). The Toxicology Lab Report was authored by Chief Toxicologist Luigino Apollonio of the CCMEO. The investigative notes were authored by Stark County Coroner's Investigator Tamara Wilkes. The 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:



DIAGNOSIS continued:



The "CAUSE OF DEATH" for French was listed as [redacted]

The "FINAL CAUSE AND MANNER OF DEATH" for French was listed as:

[redacted]

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

[redacted]

The "TOXICOLOGY REPORT" contained the following pertinent 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. Mason C. French Verdict, Findings, Investigative Note and Death Certificates
2. Mason C. French Report of Autopsy CCME
3. Mason C. French Toxicology CCME

Ohio Department of Health
VITAL STATISTICS

CERTIFICATE OF DEATH

Primary Reg. Dist. No. 7603
Registrar's No. 7603-2025000021

State File No. 2025008253

DECEDENT

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)						2. Sex	3. Date of Death (Month/Day/Year)
MASON CLARK FRENCH						MALE	JANUARY 16, 2025
4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months	Days	5c. Under 1 day Hours	Minutes	6. Date of Birth(Mo/Day/Year)	7. Birthplace(City and State or Foreign Country)
[redacted]	63					JANUARY 15, 1962	ALLIANCE, OHIO

8a. Residence State	8b. County	8c. City or Town
OHIO	STARK	CANTON

8d. Street Address and Zip Code	9. Ever in US Armed Forces?
1035 CHERRY AVE NE 44704	NO

10. Marital Status at Time of Death	11. Surviving Spouse's Name (If wife, give name prior to first marriage)
NEVER MARRIED	

12. Decedent's Education	13. Decedent of Hispanic Origin	14. Decedent's Race
HIGH SCHOOL GRADUATE OR GED	NO	BLACK

15. Father's Name	16. Mother's Name (prior to first marriage)
JOHNNIE FRENCH	AUGUSTINE HOWELL

17a. Informant's Name	17b. Relationship to Decedent	17c. Mailing Address (Street and Number, City, State, Zip Code)
QUANISE PURDY-SHIPMAN	DAUGHTER	1035 CHERRY AVE NE CANTON, OHIO 44704

18a. Place of Death
SCENE

18b. Facility Name (If not Institution, give street & number)	18c. City or Town, State and Zip Code	18d. County of Death
350 S. ARCH AVE	ALLIANCE, OH 44601	STARK

DISPOSITION

19. Funeral Service Licensee or Other Agent	20. License Number (of licensee)	21. Name and Complete Address of Funeral Facility
ADAM J CHRISTIAN	010100	CASSADAY-TURKLE-CHRISTIAN INC 75 S UNION ALLIANCE, OH 44601

22. Method and Place of Disposition
CREMATION - CASSADAY-TURKLE-CHRISTIAN FH & CREM, ALLIANCE, OH

23. Local Registrar	24. Date Filed (Month/Day/Year)
KIMBERLY NELSON	JANUARY 24, 2025

CERTIFIER

26a. Certifier (Check only one)

☐ 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.

☒ 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	26c. Date Pronounced Dead (Month/Day/Year)	26d. Was Case Referred to Medical Examiner or Coroner?
08:11	JANUARY 16, 2025	YES

26e. Certifier Name and Title	26f. License number	26g. Date Signed (Month/Day/Year)
RONALD ROBERT RUSNAK MD	35.057165	JANUARY 24, 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)	
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.	29a. Was An Autopsy Performed?	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?
	NO	NOT APPLICABLE

30. Did Tobacco Use Contribute to Death?	31. If Female, Pregnancy Status	32. Manner of Death
UNKNOWN	NOT APPLICABLE.	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:

HEA 2724 Rev. 08/18

2258209 2025008253

Reg. Dist. No. 7603

Registrar's No. 7603-2025000021

2258209

Ohio Department of Health
VITAL STATISTICS
Supplementary Medical Certification

State File No. 2025008253

Name of Deceased	MASON CLARK FRENCH	
Place of Death	OTHER	**Date of Death** JANUARY 16, 2025
23. Local Registrar	KIMBERLY R NELSON	**24. Date Filed** MARCH 20, 2025
26a. Certifier (Check only one)	☐ **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.	
	☒ **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** MARCH 20, 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)	[redacted]	
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** [redacted]

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)** OTHERS RESIDENCE	**33d. Injury at Work?** NO

33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)
350 SOUTH ARCH #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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