INDIANA STATE BOARD OF HEALTH

PRINT

	Local No			MEDICAL CER	TEV ATE			
<u> </u>	SEE HANDBOOK FO	FOR DECEASED—NAME	FIRST	MIDDLE	LAS	222		DEATH (MONTH, DAY, YEAR)
ном.		1.	Margaret					ary 16, 1976
	A	RACE	AGE-LAST BIRTHDAY (YEARS)	UNDER I YEAR MOS. DAYS	HOURS MIN.	DATE OF BIRTH	4 23	NTY OF DEATH
AL		4. White	5a. 55	5b.	5c.	6. YEAR)	1920 70.	Delaware
ER		CITY, TOWN, OR LO		(SPECIFY YES OR	R NO)			EITHER, GIVE STREET AND NU
FUNERAL No.	DECEASED		Muncie	7c. yes	7d. Bal.	1 Memorial	Hospital	(IF WIFE, GIVE MAIDEN NAM
2 2		NAME COUNTRY)			10.		Manni	ice J. Stines
1	WHERE DECEASED	5 6.	USUAL	U.S.A.	WIDOWED []		111.	
:	DECURRED IN INSTITUTION, GIVE		MOST	of working Life, ever	EN IF RETIRED!			acturing
88	RESIDENCE BEFOR ADMISSION.		COUNTY 13a.	CITY, TOWN OR		13b.	MITS TOWNSHIP	Cturing
, S	AUMISSION	140. Indiana		The state of the s	uncie	(SPECIFY YES O	OR NO)	Center
OR		STREET AND NUMBER	14b. Delawai	. P. 114c. P.10	14g. WAS DECEASE	ED EVER IN U.S. ARA	MED FORCES? IS	S RESIDENCE ON A FARM?
DIRECTOR'S		14. 4601	1 Glenwood	Ave.	Yes, no, or unknown	n) (If yes, give war o	or dates of service) W • 2	4h. YES 🗆 NO 🔏
E -				MIDDLE		ER-MAIDEN NAME	FIRST	Ah. YES NO A
Z %	PARENTS	15 Ray	v	De'	Ford Is		Truly	Turner
7 14		IMAIL THAMSOUL	1		ATIONSHIP			HO , CITY ON TOWN, STATE,
ENS		wa Mauric	ce J. Stine	es 176.	Husband	12. 4601 G	lenwood	Muncie, I
3 -			ATH WAS CAUSED BY		HILY ONE CAUSE PER L			APPROXIMATE INTERV
. 3		18.	IMMEDIATE CAU	V-77-158-11-51-51			70 171	BETWEEN ONSET AND DE
1				teral massive	nulmonary	ambol1		(min)
		CONDITIONS, IF ANY,	DUE TO, OR AS A	A CONSEQUENCE OF:	Purmones	emoora	Acres	
		WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDER-	A). (b)					
11.		LYING CAUSE LAST	DUE TO, OR AS A	A CONSEQUENCE OF				
1	CAUSE	PART II. OTHER SIGNIFIC	(c) FICANT CONDITIONS CO	THOUTIONS CONTRIBUT	THE TO DEATH BUT I	OT DEL ATED TO CAL	JSE AUTOPSY	IF YES WERE FINDINGS CO
2		GIVEN IN PART I (A)	CAMI CONDITIONS 20	INDITIONS CONTRIBE	NG TO DEATH BUT	ST RELATED TO CAU.	AER NO	
	9						19a.	19b. YES NO
, i								
In.	7	T THE OF DEATH			IOUR DATE SIGN			
2		CATE & TIME OF DEATH				N. 75	DAY	YEAR 1076
12 _	20	January 16,	, 1976	10:15 a		E PE PHYSICIAN	January 19,	
16	LA	AST IN ATTENDANCE		Amehica		(1. then (- Unin	PHY. CODE NO.
N		20. L. L. McCal		. per Arthur (the same of the sa	TY OR TOWN	STATE	ZIP
	D. O.	Pothologist			,,,,,,		/ //	Li
	23.	3. Pathologists	ASSOCIATED	CREMATORY, FUNERAL I		- Muncle, I	CITY OR TOWN	STATE
1		SPECIFY)	A STATE OF THE STA	1.155 1.55 1.000 100 000 1 K (1) 154 100 4 (100 11 1 1 1			Spencer	Indiana
2	24a DAT	the state of the s	The second secon	verside Cem			NO., CITY OR TOWN.	
1	ISPOSITION DAT							cie In 473-5
≦ DI		T 00	- A - M - 1					111
URE	24d.	d. Jan. 20, 1	1976 250. M.				DATE RECEIVED BY	LOCAL HEALTH OFFICER
GNATURE	24d. 25b.		1976 25a. M.		ER SIGNATURE		DATE RECEIVED BY	N 1 9 1976