

81-002609

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 1981-1

State No. _____

FUNERAL HOME
No. 795

FUNERAL DIRECTOR'S
LICENSE No. 2045

LICENSE No. 617

EMBALMER'S NAME G. L. Chandler Jr.

FUNERAL DIRECTOR'S
SIGNATURE G. L. Chandler Jr.

DECEASED—NAME 1. <u>CORA MAE GRUBB</u>		SEX 2. <u>F</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>1-2-81</u>
RACE—(a) g. White, Black, American Indian, etc. (Specify) 4. <u>W</u>	AGE—Last Birthday (Yr.) 5a. <u>80</u>	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MINS
CITY, TOWN OR LOCATION OF DEATH 7b. <u>Bloomington</u>		HOSPITAL OR OTHER INSTITUTION—Name (if not in other: give street and number) 7c. <u>Bloomington Hospital</u>	
STATE OF BIRTH (if not in U.S.A. name country) 8. <u>IND</u>	CITIZEN OF WHAT COUNTRY 9. <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <u>WIDOWED</u>	SURVIVING SPOUSE (if wife, give maiden name) 11. _____
RESIDENCE—STATE 15a. <u>IND</u>		COUNTY 15b. <u>MONROE</u>	CITY, TOWN OR LOCATION 15c. <u>Ellettsville</u>
STREET AND NUMBER 15d. <u>1123 W MAIN ST</u>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. <u>yes</u>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. <u>Thomas Goble</u>		MOTHER—MAIDEN NAME 17. <u>Maudie Hite</u>	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. <u>Hubert Grubb</u>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. <u>1123 W. MAIN Ellettsville IND 47429</u>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <u>Burial</u>		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE 19b. <u>Chambersville Cem</u> 19c. <u>RR2 Gosport IND</u>	
DATE (MONTH DAY YEAR) 20a. <u>1-4-81</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b. <u>Chandler Funeral Home Ellettsville IND 47429</u>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) <u>Hugh S. Ramsey</u>		DATE SIGNED (M., Day, Yr.) <u>Jan 3, 81</u>	HOUR OF DEATH 21c. <u>6:05 A.M.</u>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. <u>Hugh S. Ramsey, M.D.</u>		MAILING ADDRESS—PHYSICIAN 21e. <u>420 E. 1st St. Bloomington IND 47401</u>	
HEALTH OFFICER—SIGNATURE 22a. <u>Thomas W. Hughes</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <u>1-15-81</u>	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE IN (a), (b) AND (c)) PART I (a) <u>Arteriosclerosis</u> Interval: between onset and death: <u>Several years</u> (b) <u>acute coronary thrombosis</u> Interval: between onset and death: <u>10 Min.</u> (c) <u>(a)</u> Interval: between onset and death: _____			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II <u>Cholelithiasis</u>		AUTOPSY (Specify Yes or No) 24. <u>NO</u>	