

INDIANA STATE BOARD OF HEALTH

77-002238

MEDICAL CERTIFICATE OF DEATH

Local No. CH49-139-696

State No. _____

FUNERAL HOME
No. 795

FUNERAL DIRECTORS
LICENSE No. 2145

LICENSE No. 617

EMBALMER'S NAME G. L. Chandler, Jr.

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

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>William Ray Grubb</u>					2. <u>male</u>	3. <u>Jan 31, 1977</u>	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. <u>male</u>	5a. <u>78</u>	5b.	5c.	6. <u>July 9 1898</u>	7. <u>Monroe</u>		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Bloomington</u>		7c. <u>yes</u>		7d. <u>Bloomington Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		10.	
8. <u>Indiana</u>		9. <u>USA</u>		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 11. <u>Cora Goble</u>			
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
RESIDENCE—STATE COUNTY		13a. <u>Wood worker</u>		13b. <u>RCA</u>			
14a. <u>Indiana</u>		14b. <u>Monroe</u>		14c. <u>Ellettsville</u>		14d. <u>yes</u>	
STREET AND NUMBER		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP	
14f. <u>1123 W. Main</u>		14e. <u>Ellettsville</u>		14d. <u>yes</u>		14e. <u>Richland</u>	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service		15. RESIDENCE ON A FARM?	
15. <u>John Grubb</u>		16. <u>Ethel May</u>		14g. <u>no</u>		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. <u>Cora Grubb</u>		17b. <u>wife</u>		17. <u>1123 W. Main Ellettsville Ind 47429</u>			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) <u>Chystric Heart Failure and Pulmonary emboli</u>					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) <u>Acute myocardial infarction</u>					
		(c) <u>Renal failure</u>					
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
				19a.		19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH		MONTH DAY YEAR		DATE SIGNED		MONTH DAY YEAR	
20. <u>January 31 1977 7:48 AM</u>				21a. <u>1 - 31 - 77</u>			
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHY. CODE NO.			
22a. <u>R. Michael Abram, M.D.</u>		22b. <u>R. Michael Abram, M.D.</u>		PHY. CODE NO.			
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO		CITY OR TOWN		STATE ZIP	
23. <u>Burial, CREMATION, REMOVAL (SPECIFY)</u>		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN STATE	
24a. <u>Burial</u>		24b. <u>Chambersville Cem</u>		24c. <u>RR 2 Gosport, Indiana</u>			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. <u>Feb 2, 1977</u>		25a. <u>Chandler Funeral Home</u>		Ellettsville, Indiana 47429			
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER					
25b. _____		26a. <u>G. L. Chandler</u>		26b. <u>2-2-77</u>			