

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

76-015304

Local No. 480

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Alexander HAMILTON 2. Male 3. April 27, 1976

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

White 5a. 82 5b. 82 5c. 82 6. July 23, 1893 7a. Vigo

DECEASED 7b. Terre Haute 7c. Yes 7d. Dea Terre Haute Regional Hospital

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY 10. MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. U.S.A. 10. Widowed 11. Never Married

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

12. Indiana 13a. U.S.A. 13b. Thomson Syman Co.

14a. Indiana 14b. Vigo 14c. Terre Haute 14d. No 14e. Otter Creek

14f. 4123 Melton Ave 14g. No 14h. No

PARENTS 15. James HAMILTON 16. —

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Warren Hamilton 17b. Son 17c. 2366 Frisco Terre Haute, Ind.

PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE myocardial infarction APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hr.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

(a) DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19a. AUTOPSY YES NO 19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. April 27 1976 7:00 P.M. 21a. april 29 1976

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. ED C. VOGES 22b. Ed C. Voges

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 702 College Ave Juniata Ind 47802

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Rose Lawn Memorial Park Terre Haute Ind.

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

25a. April 30, 1976 25b. Thomas Funeral Home, Inc. Terre Haute, Ind 47804

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

26a. [Signature] 26b. MAY 3 - 1976

EMBALMER'S NAME Kenneth C. Smith LICENSE No. 4386

FUNERAL DIRECTOR'S SIGNATURE Patricia M. Rutledge LICENSE No. 2337

FUNERAL HOME No. 666