

**INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH**

Local No. 133

State No. '59 005193

FUNERAL DIRECTOR'S LICENSE No. 27
 EMBALMER'S NAME Lawrence E. Haverly
 LICENSE No. 3769

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY, TOWN, OR LOCATION <u>Rural</u> | | c. Length of Stay in (b) <u>38 yrs.</u> | c. CITY, TOWN, OR LOCATION <u>Rural</u> |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>R2 Mitchell</u> | | d. STREET ADDRESS <u>R2 Mitchell</u> | |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>E. I. Ijah</u> Middle <u>Hendricks</u> Last <u>Hendricks</u> | | | 4. DATE OF DEATH Month <u>2</u> Day <u>9</u> Year <u>59</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-22-1884</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worker</u> | | 9b. KIND OF BUSINESS OR INDUSTRY <u>Cement Mill</u> | 9. AGE (In years last birthday) <u>75</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cement Mill</u> | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u> |
| 13. FATHER'S NAME <u>John R. Hendricks</u> | | 14. MOTHER'S MAIDEN NAME <u>Cora Baker</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1911-1916</u> | | 17a. INFORMANT'S NAME <u>Mrs. Nellie Hendricks</u> | |
| 17b. INFORMANT'S ADDRESS <u>R2 Mitchell, Ind.</u> | | | 17c. RELATIONSHIP TO DECEASED <u>Wife</u> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Prostate</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> |
| Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of (item 18).) | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. ATTENDING PHYSICIAN. I certify that I attended the deceased from <u>February 6, 1959</u> to <u>Feb. 9, 1959</u> and last saw him alive on <u>Feb. 9, 1959</u> . Death occurred at <u>4:55 P</u> M (C.S.T.) on the date stated above; and to the best of my knowledge, from the cause stated. | | | 22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ M (C.S.T.) from cause stated and on above date. |
| 23a. Signature of Attending Physician or Health Officer. <u>J. R. Hamilton M.D.</u> | | 23b. ADDRESS <u>Mitchell, Indiana</u> | 23c. DATE SIGNED <u>Feb. 10, 1959</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-12-59</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cresthaven Cemetery</u> | 24d. LOCATION <u>Lawrence County, Ind.</u> |
| DATE REC'D BY LOCAL HEALTH OFFICER <u>2-11-59</u> | SIGNATURE OF HEALTH OFFICER <u>Dr. Claude D. Hollen</u> | | 25. FUNERAL DIRECTOR <u>Lawrence E. Haverly - Mitchell, Ind.</u> |