Local No. 156

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

State No. 61-024581

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY, TOWN, OR LOCATION: Bloomington
c. Length of Stay in 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Bloomington Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Indiana
b. COUNTY: Monroe
c. CITY, TOWN, OR LOCATION: Bloomington
d. STREET ADDRESS: 414 West Sixth Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Lorena Middle: B. Last: Howe
4. DATE OF DEATH: Month Day Year: July 26 1961

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Nov. 11 1869
9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac P. Hopewell
14. MOTHER'S MAIDEN NAME: Nancy Ritter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17a. INFORMANT'S NAME: Fred H. Howe
17b. INFORMANT'S ADDRESS: 624 South Washington Street Bloomington Indiana
17c. RELATIONSHIP TO DECEASED: Son

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 Years
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b) Senility
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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 1957 to July 26-1961 and last saw her alive on July 26-61 Death occurred at 0934 AM D.S.T. M (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes 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 causes stated and on above date.

23a. Signature of Attending Physician or Health Officer: [signature] M.D.
23b. ADDRESS: 615 College - Bloomington
23c. DATE SIGNED: 7-27-61

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28 1961
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION: Bloomington Indiana

DATE REC'D BY LOCAL HEALTH OFFICER: 8-2-61
SIGNATURE OF HEALTH OFFICER: [signature] M.D.
25. FUNERAL DIRECTOR — ADDRESS: Allen Funeral Home Bloomington Indiana

EMBALMER'S NAME: Leland R. Ratliff
LICENSE No. 3889
FUNERAL DIRECTOR'S LICENSE No. 1185

S.B.H.—6-24-3—Revised 1955 U.S. Department Health, Education and Welfare. Form Approved Budget Bureau No. 68-R375