

06027118

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 1986-409

EMBALMER'S NAME Gary Arvin
FUNERAL DIRECTOR'S SIGNATURE Wm. H. Apple
LICENSE No. 1651
FUNERAL HOME No. 42
FUNERAL DIRECTOR'S LICENSE No. 1726

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION
DISPOSITION
M.D. OR D.O.
CAUSE

DECEASED—NAME 1 FRED H. HOWE			SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 July 28, 1986
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 white	AGE—Last Birthday (Yr.) 5a 89	UNDER 1 YEAR MOS. DAYS 5b	UNDER 1 DAY HOURS MINS 5c	DATE OF BIRTH (Mo. Day Yr.) 6 Mar. 19, 1897
CITY, TOWN OR LOCATION OF DEATH 7b Bloomington		HOSPITAL OR OTHER INSTITUTION—Name (if not in index, give street and number) 7c Bloomington Convalescent Center		COUNTY OF DEATH 7a Monroe
STATE OF BIRTH (if not in U.S.A. name countries) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 widowed	SURVIVING SPOUSE (if wife, give maiden name) 11	IF HOSP OR INST. Indicate OOA OR Emer. Rm. Inpatient (Specify) 7d inpatient
RESIDENCE—STATE 15a Indiana	COUNTY 15b Monroe	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Owner-operator	KIND OF BUSINESS OR INDUSTRY 14b Wholesale Candy Co	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. or Mo.) 12 yes
STREET AND NUMBER 15d 414 W. 6th Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES OR NO) 15f yes	
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 Jesse A. Howe		MOTHER—MAIDEN NAME 17 Lorena Belle Hopewell		
INFORMANT—NAME (Type or print) 18a Nancy Barr- daughter		RELATIONSHIP 18b 414 W. 6th Street, Bloomington, Indiana 47401		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Rose Hill Cemetery		
DATE (MONTH DAY YEAR) 20a July 31, 1986		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b DAY MORTUARY, 2701 E. Third Street, Bloomington, Ind. 47401		
To the best of my knowledge, death occurred on the time, date and place and due to the causes stated. 21a (Signature) <i>Neal E. Baxter M.D.</i>		DATE SIGNED (Mo. Day Yr.) 21b 07-29-1986	HOUR OF DEATH 21c 11:40 PM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Neal E. Baxter, M. D.		MAILING ADDRESS—PHYSICIAN 21e 822 W. First Street, Suite 5, Bloomington, Indiana 47401		
HEALTH OFFICER—SIGNATURE <i>Thomas W. Shugart</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 7-30-86		
22a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
PART I (a) Irrversible Cong. Heart Failure		Interval between onset and death 12 days		
(b) Post Myocardial Infarction		Interval between onset and death 7 days		
(c) Arteriosclerotic Vascular Disease		Interval between onset and death 6-8 days		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Hypertensive Pneumonia		AUTOPSY (Specify Yes or No) 24 2-3 days		