

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

'68 024220

Local No. 786

State No. _____

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Martha A. Somes					2. Female	3. June 29, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 75	5b.	5c.	6. 8-12-1892	7a. Vigo	
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. Terre Haute		7c. Yes	7d. Meadows Manor Nursing Home				
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Indiana		9. U.S.A.		10. Widowed		11.	
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. Unknown		11a. At home		13b.		13c.	
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		14b. Vigo	14c. Terre Haute		14d. Yes	14e. Harrison	
STREET AND NUMBER						15 RESIDENCE ON A FARM?	
14f. 2001 N. 11th. St.,						14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

PARENTS		FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15.		Thomas Inger			Martha Drewry				
INFORMANT—NAME		RELATIONSHIP			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Martha Jean Thomas		17b. Daughter			17. 2001 N. 11th. St., Terre Haute, Ind.				

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) Cerebrovascular thrombosis, right with left hemiplegia		Nov. 1967	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Arteriosclerotic heart disease		years	
		(c) Generalized arteriosclerosis		years	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO)	
Diabetes mellitus				19a. NO	
				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	

DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED (MONTH, DAY, YEAR)	
20a. 1:25 A.M.		20b. June 29, 1968			21a. July 5, 1968	

CERTIFIER		SIGNATURE		(DEGREE OR TITLE)	
22a. Louis G. Neudorff, M. D.		22b. <i>Louis G. Neudorff</i>			
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE	
23. 221 South Sixth Street		Terre Haute,		Indiana	
				ZIP	
				47801	

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		FUNERAL HOME NUMBER	
24a. Burial		24b. Roselawn Memorial Park		24c. Terre Haute, Indiana		662	

DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. July 1, 1968		25c. Cross Funeral Home 2005 N. 13th. St., Terre Haute, Ind. 47804					

FUNERAL DIRECTOR—SIGNATURE		HEALTH OFFICER—SIGNATURE		TIME RECEIVED BY LOCAL HEALTH OFFICER	
<i>Richard A. ...</i>		<i>B. J. ...</i>		JUL 8 - 1968	

EMBALMER'S NAME **Larry Hofmann**
 LICENSE No. **542**
 FUNERAL DIRECTOR'S LICENSE No. **1835**