

INDIANA STATE BOARD OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

Local No. **15807**
Death No. **3**

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED
EMBALMER'S NAME **Max L. Hudson**
LICENSE No. **4508**
FUNERAL DIRECTOR'S LICENSE No. **2035**

1. PLACE OF DEATH a. COUNTY MONROE b. CITY (If outside corporate limits, write RURAL) RURAL c. LENGTH OF STAY (If applicable) 2 WKS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE INDIANA COUNTY MONROE c. CITY (If outside corporate limits, write RURAL) ELLETTSVILLE d. STREET ADDRESS (If rural, give location) ELLETTSVILLE	
3. NAME OF DECEASED a. (First) MARTHA b. (Middle) ALICE c. (Last) STINES		4. DATE (Month) (Day) (Year) DEATH MAY 31 1955	
5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH July 18, 1916 9. AGE (to years) 36 If under 1 year: <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Retired.	
11. BIRTHPLACE (State or foreign country) SPENCER, INDIANA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME ABRAHAM KIPHART		14. MOTHER'S MAIDEN NAME JANE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY No. None	
17. INFORMANT (NAME AND ADDRESS) Mrs. Gilbert Knight - Bloomington, Ind.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, aneurism, etc. It means the disease, injury, or complication which caused death.	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. Senility			
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 522X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED While at <input type="checkbox"/> Home <input type="checkbox"/> Work		21f. HOW DID INJURY OCCUR?	
22a. ATTENDING PHYSICIAN I certify that I attended the deceased from May 1 1955 to May 31 1955 and that death occurred 5:45 P.M. from causes stated and on above date.		22b. HEALTH OFFICER I certify that I investigated cause of death of deceased and find that death occurred at 5:45 P.M. from causes stated and on above date.	
23a. Signature of Attending Physician or Health Officer M. D.		23b. ADDRESS Spencer, Ind.	
23c. DATE SIGNED 6/1/55			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 3, 1955	
24c. NAME OF CEMETERY OR CREMATORY Chambesville Cemetery		24d. LOCATION SPENCER, INDIANA	
DATE REC'D BY LOCAL HEALTH OFFICER June 2, 55		SIGNATURE OF HEALTH OFFICER Arthur J. Rogers	
25. FUNERAL DIRECTOR Hudson Funeral Home		ADDRESS ELLETTSVILLE, IND.	