87-036968

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 32D-8479-87

State No.

160

FUNERAL HOME No. FDH3006423

FUNERAL DIRECTOR'S LICENSE No. FDE1005556

EMBALMER'S NAME John Almond LICENSE No. FDE1009429

FUNERAL DIRECTOR'S SIGNATURE Billy Allen Sanders

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME: Naomi (FIRST) E. (MIDDLE) Smither (LAST)

2 SEX: Female

3 DATE OF DEATH (MONTH, DAY, YEAR): October 23, 1987

4 RACE—(e.g. White, Black, American Indian, etc.) (Specify): White

5a AGE—Last Birthday (Years): 83

5b UNDER 1 YEAR: MOS / DAYS

5c UNDER 1 DAY: HOURS / MINS

6 DATE OF BIRTH (Mo., Day, Yr.): June 2, 1904

7a COUNTY OF DEATH: Hendricks

7b CITY, TOWN OR LOCATION OF DEATH: Danville

7c HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Medco Center Nursing Home

7d IF HOSP. OR INST. Indicate DOA or Emer. Trm. (Inpatient) (Specify): Inpatient

8 STATE OF BIRTH (If not in U.S.A. name country): Kentucky

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

11 SURVIVING SPOUSE (If wife, give maiden name):

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): no

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14b KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a RESIDENCE—STATE: Indiana

15b COUNTY: Marion

15c CITY, TOWN OR LOCATION: Indianapolis

15d STREET AND NUMBER: 2835 Tansel Rd.

15e IS RESIDENCE ON A FARM? YES ☐ NO ☒

15f INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16 FATHER—NAME (FIRST, MIDDLE, LAST): Joseph Henery Morgan

17 MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Belle Doyle

18a INFORMANT—NAME (Type or print) / RELATIONSHIP: Charles R. Smither / Son

18b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2835 Tansel Rd. Indianapolis, In. 46234

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Entombment

19b CEMETERY OR CREMATORY—FUNERAL HOME: Washington Park North

19c LOCATION (CITY OR TOWN, STATE): Indianapolis, In.

20a DATE (MONTH, DAY, YEAR): October 26, 1987

20b FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Conkle funerl Home 4925 16th St. Speedway, In. 46224

M.D. OR D.O.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a (Signature): [signature]

21b DATE SIGNED (Mo., Day, Yr.): 10-23-87

21c HOUR OF DEATH: N/A M

21d NAME OF ATTENDING PHYSICIAN (Type or Print): Glenn Baker, MD

21e MAILING ADDRESS—PHYSICIAN: Brownsburg, IN 46112

22a HEALTH OFFICER—SIGNATURE: W.C. Stafford M.D.

22b DATE RECEIVED BY LOCAL HEALTH OFFICER: 10/23/87

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a) Cardiorespiratory collapse — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset and death:

DUE TO OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a). C V A, Diabetes mellitus, Temporal arteritis

AUTOPSY (Specify Yes or No): 24

SBH 06-003 State Form 35430
REV. 10/77