

78-033363

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. ....

Local No. CH50-84-419

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.

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1 DECEASED—NAME FIRST: THENA MIDDLE: R. LAST: HOWE			2 SEX FEMALE		3 DATE OF DEATH (MONTH, DAY, YEAR) SEPT. 14, 1978			
4 RACE—(a) g. White, Black, American Indian, etc. (Specify) white		5b AGE—Last Birthday (Yrs.) 82		6 DATE OF BIRTH (Mo., Day, Yr.) May 15, 1896		7a COUNTY OF DEATH Monroe		
7b CITY, TOWN OR LOCATION OF DEATH Bloomington			7c HOSPITAL OR OTHER INSTITUTION—Name (if not or either, give street and number) Fontanbleu Nursing Home			7d IF HOSP OR INST. Indicate DOA, GP, Emer. Rm., 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) married		11 SURVIVING SPOUSE (If wife, give maiden name) Fred H. Howe		
12 RESIDENCE—STATE Indiana		13b COUNTY Monroe		13c CITY, TOWN OR LOCATION Bloomington		14b KIND OF BUSINESS OR INDUSTRY Candy Company		
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Associate			15 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				16 INSIDE CITY LIMITS (Specify Yes or No) Yes	
15d STREET AND NUMBER 624 South Washington Street			17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO <input checked="" type="checkbox"/>					
16 FATHER—NAME FIRST: Thomas MIDDLE: Jefferson LAST: Roberts			17 MOTHER—MAIDEN NAME FIRST: Mary MIDDLE: Elizabeth LAST: Davis					
18a INFORMANT—NAME (Type or print) Fred H. Howe			18b MAILING ADDRESS 624 S. Washington St., Bloomington, Indiana 47401					
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b CEMETERY OR CREMATORY—FUNERAL HOME Rose Hill Cemetery			19c LOCATION Bloomington, Indiana		
20a DATE (MONTH, DAY, YEAR) Sept. 16, 1978			20b FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Day Mortuary, 2701 E. Third St., Bloomington, Ind. 47401					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)			21b DATE SIGNED (Mo., Day, Yr.) 9-18-78		21c HOUR OF DEATH 12:25 AM			
21d NAME OF ATTENDING PHYSICIAN (Type or Print) Neal Baxter, M.D.			21e MAILING ADDRESS—PHYSICIAN 306 E. Kirkwood Ave., Bloomington, Indiana 47401					
22a HEALTH OFFICER—SIGNATURE Thomas W. Shugart			22b DATE RECEIVED BY LOCAL HEALTH OFFICER 9-22-78					
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death					
(a) Cerebral Vasculature Accident			Several hrs					
(b) Arteriosclerosis, generalized			Several days					
(c) Cerebral Vasculature Arteriosclerosis			Several hrs					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			24					

EMBALMER'S NAME: William H. Apple  
 LICENSE No. 3908  
 FUNERAL DIRECTOR'S SIGNATURE: *Wm H Apple*  
 FUNERAL HOME: FUNERAL HOME No. 42  
 FUNERAL DIRECTOR'S LICENSE No. 1726