* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 002566 State No. 002566

355/20

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

10 cc's
1 Govt.

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Charles R. Smither			2 SEX: Male	3a TIME OF DEATH: 4:25 A M	3b DATE OF DEATH (Month, Day, Yr.): March 26, 2001
5a AGE—Last Birthday (Years): 79	5b UNDER 1 YEAR: Months / Days	5c UNDER 1 DAY: Hours / Minutes	6 DATE OF BIRTH (Mo., Day, Yr.): Sept. 15, 1921	7 BIRTHPLACE (City and State or Foreign Country): Owenton, KY	
8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence		
9b FACILITY NAME (If not institution, give street and number): Vencor at Eagle Creek			9c CITY, TOWN, OR LOCATION OF DEATH: Indianapolis	9d COUNTY OF DEATH: MARION	
10 MARITAL STATUS (Specify): Married	11 SURVIVING SPOUSE (If wife, give maiden name): E. Eloise Fox	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Founder	12b KIND OF BUSINESS/INDUSTRY: Electric Corp.		
13a RESIDENCE—STATE: IN	13b COUNTY: Hendricks	13c CITY, TOWN, OR LOCATION: Brownsburg	13d STREET AND NUMBER: 324 Vinewood Drive North		
13e ZIP CODE: 46112	13f INSIDE CITY LIMITS ☐ No ☒ Yes	13g ON A FARM? ☒ No ☐ Yes	14 CITIZEN OF WHAT COUNTRY: USA	15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12	College (1-4 or 5 +):				

PARENTS

18 FATHER'S NAME (First, Middle, Last): Edmon Smither	19 MOTHER'S NAME (First, Middle, Maiden Surname): Naomi Morgan

INFORMANT

20a INFORMANT'S NAME (Type/Print): E. Eloise Smither	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 324 Vinewood Dr. North Brownsburg, IN 46112	20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Entombment ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 29, 2001 Washington Park North Cem.	21c LOCATION—City or Town, State: Indianapolis, IN
22a EMBALMER'S NAME: John Almond	22b EMBALMER'S LICENSE NO: FD01009429	23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: David A Tolle	24b LICENSE NUMBER (of Licensee): FD01002003	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Conkle Funeral Home 4925 W. 16th St. Speedway, IN 46224 FH83006423

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a End Stage Congestive Heart Failure	
	DUE TO (OR AS A CONSEQUENCE OF)	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b	
	DUE TO (OR AS A CONSEQUENCE OF)	
	c	
	DUE TO (OR AS A CONSEQUENCE OF)	
	d	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I	27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	No	No	NO

CERTIFIER

29a CERTIFIER (Check only one)
- ☒ CERTIFYING PHYSICIAN. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ HEALTH OFFICER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ CORONER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
	01029180	March 28, 2001

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Daniel J. Hurley, M.D. 5744 E. Stop 11 Rd. Suite 20 Indianapolis, IN 46237

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Virginia A. Caine, M.D.	APR 4 2001

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				
	34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

MS