

INDIANA STATE BOARD OF HEALTH

68 046368

DIVISION OF VITAL RECORDS

MEDICAL CERTIFICATE OF DEATH

Local No. 06292

State No. _____

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME 1. Edmon L. Smither		SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) Dec-2-68
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. Wh		AGE—LAST BIRTHDAY (YEARS) 5a. 65	UNDER 1 YEAR 5b. Mos. DAYS
CITY, TOWN, OR LOCATION OF DEATH 7b. Indpls		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Meth. Hosp	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 5-27-03
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. KENTUCKY		CITIZEN OF WHAT COUNTRY 9. U.S.A.	COUNTY OF DEATH 7a. Marion
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 12. Ind		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Cm. Art Clay Co	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married
RESIDENCE—STATE 14a. Ind		CITY, TOWN OR LOCATION 14c. Indpls	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Naomi E.
STREET AND NUMBER 14f. 3617 Beech Ct.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. no	KIND OF BUSINESS OR INDUSTRY 13b. Capt. Supt
FATHER—NAME 15. WILLIAM HENRY SMITHER		MOTHER—MAIDEN NAME 16. SARAH MELVEINA JOHNSON	TOWNSHIP 14e. WAYNE
INFORMANT—NAME 17a. NOAMI SMITHER		RELATIONSHIP 17b. WIFE	IS RESIDENCE ON A FARM? 14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 3617 BEECH CT, INDPLS, IND	

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. 4201	IMMEDIATE CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Cardiac Arrest	due to, or as a consequence of	immediate
(b) Atherosclerotic heart disease	due to, or as a consequence of	3 days
(c) Atherosclerotic heart disease	due to, or as a consequence of	4 weeks

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19a. 720

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

DEATH OCCURRED (HOUR) 20a. 2:15 P.M.	THE DECEDENT WAS PRONOUNCED DEAD 20b. MONTH DAY YEAR 12 2 68	DATE SIGNED (MONTH, DAY, YEAR) 21a. 12-2-68
CERTIFIER—NAME (TYPE OR PRINT) 22a. Dr. P.R. Schumacher		SIGNATURE 22b. [Signature]
MAILING ADDRESS—CERTIFIER 22c. [Address]		CITY OR TOWN STATE ZIP

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. ENTEMBLEMENT	CEMETERY, CREMATORY, FUNERAL HOME 24b. WASHINGTON PARK NORTH	LOCATION CITY OR TOWN STATE 24c. INDIANAPOLIS, INDIANA	FUNERAL HOME NUMBER 642
DATE (MONTH, DAY, YEAR) 24d. 12-5-1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. CONKLE FUNERAL HOME 9935 W. 163 RD SPEEDWAY, INDIANA	FUNERAL DIRECTOR—SIGNATURE 25b. [Signature]	HEALTH OFFICER—SIGNATURE 26a. Henry J. Kestey M.D.
DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. DEC 4 1968			

EMBALMER'S NAME: CARV FISHER
 LICENSE No.: 274
 FUNERAL DIRECTOR'S LICENSE No.: 8019