INDIANA STATE BOARD OF HEALTH

149

LICENSE No. 276 833

EMBALMER'S NAME J.B. Monts D.G. Waite

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SEE HANDROOK FOR	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEA	TH (NONTH, DAY, YEAR)
INSTRUCTIONS	1	Mary	A.	Sanders	2Female		
	RACE	AGE-LAST	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	COUNTY	er 16, 1976.
	4. White	5a. 79	MOS. DAYS	HOURS MIN.	6. YEAR) 12-5-	7806 - 76	ermillion
	CITY, TOWN, OR LOC	ATION OF DEATH	INSIDE CITY LI		OTHER INSTITUTION—NA	ME (IF NOT IN EIT	HER, GIVE STREET AND NU
	7b. Clinton	1	7c. Yes	OR NO) 24 7550	S. 3rd. St.		
DECEASED	STATE OF BIRTH (IF	NOT IN U.S.A., CITIZ	EN OF WHAT COUNT	RY MARRIED	NEVER MARRIED SUI	RVIVING SPOUSE	(IF WIFE, GIVE MAIDEN NA
USUAL RESIDENCE	NAME COUNTRY) 8. Indiana		U.S.A.	10. WIDOWED 12			
WHERE DECEASED	0. 11141414	USUA	L OCCUPATION (GIVE	EKIND OF WORK DONE	DIVORCED [11.	NESS OR INDUSTRY	
OCCURRED IN INSTITUTION, GIVE		MOS'	r of working life, Housekeep		13b. Cvm	home	
RESIDENCE BEFORE	RESIDENCE-STATE	COUNTY 130.		OR LOCATION	INSIDE CITY LIMITS	TOWNSHIP	
	140. Indiana	14b. Vermill	ion v. Cli	Inton	(BPECIFY YES ON N	°' 140. Cli	Inton
	STREET AND NUMBER		2011 146		SED EVER IN U. S. ARMED	1140.	RESIDENCE ON A FARM?
	14f. 1550 S	3. 3rd. St.		(Yes, no, or unknow		A Branch	
	FATHER—NAME	FIRST	MIDDLE		HER-MAIDEN HAME	FIRST 14	h. YES NO
PARENTS	16	John Somes	5-000 S01100	1		e Gregson	
	INFORMANT—NAME	O OTHER DOMES	1	RELATIONSHIP			NO., CITY OR TOWN, STA
	17a. Mildred	Sandara		_{176.} Daughter	Control of the Contro		Clinton, India
		ATH WAS CAUSED BY:			R LINE FOR (a), (b), ANI		APPROXIMATE INT
	18.	IMMEDIATE		K ONLY ONE CAUSE PE	R LINE FOR (0), (6), ANI	U (ci)	BETWEEN ONSET AN
	,5,		Paris To	-Ocalli	ul la vote	MA	Lald
		101	mysco	dial 1	wfarte	m	Ludd
	CONDITIONS, IF AN WHICH GAVE RISE		AS ASONSEQUENCE OF	dial i	nfarke	m	Sudd Year
	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDE	(Y, DUE TO, OR (A). (b)	mysco	arcleso	njarrke	w	Judd year
CAUSE	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE	(Y, DUE TO, OR (A). (b)	AS A JONSEQUENCE C	arcleso	nfarete Li	m	Judd years
CAUSE	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDELYING CAUSE LAST	(c)	AS A CONSEQUENCE C	orcho	Marche THO THE RELATED TO CAUS	AUTOPSY AUTOPSY	
CAUSE	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDE LYING CAUSE LAST	(c)	AS A CONSEQUENCE C	orcho	T NOT RELATED TO CAUS	YES NO	SIDERED IN DETERMI
CAUSE	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDELYING CAUSE LAST	(c)	AS A CONSEQUENCE C	orcho	Marche T NOT RELATED TO CAUS		SIDERED IN DETERMI
CAUSE	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDELYING CAUSE LAST	(c)	AS A CONSEQUENCE C	orcho	Marche T NOT RELATED TO CAUS	YES NO	SIDERED IN DETERMI
CAUSE	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDELYING CAUSE LAST	ICI DUE TO, OR (c) NIFICANT CONDITIONS	AS A CONSEQUENCE C	RIBUTING TO DEATH BU	T NOT RELATED TO CAUS	YES NO	SIDERED IN DETERMI
CAUSE	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDE LYING CAUSE LAST PART II. OTHER SIGNATURE OF DEATER A TIME OF DEATER A TIME OF DEATER AND THE SIGNATURE OF DEATER AND THE SIGNATUR	ICI DUE TO, OR (c) NIFICANT CONDITIONS	AS A CONSEQUENCE CONDITIONS CONT	RIBUTING TO DEATH BU		YES NO	SIDERED IN DETERMINE CAUSE OF DEATH 19b. YES N
CAUSE	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDE LYING CAUSE LAST PART II. OTHER SIG GIVEN IN PART I (A) CATE & TIME OF DEA	IDI ZO DUE TO, OR (c) DUE TO, OR (c) NIFICANT CONDITIONS WITH MONTH () ctober 1.	AS A CONSEQUENCE CONDITIONS CONT	HOUR DATE 6:30 A.M. 210.		YES □ NO 5	SIDERED IN DETERMINE CAUSE OF DEATH 19b. YES N
•	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDE LYING CAUSE LAST PART II. OTHER SIG GIVEN IN PART I (A) DATE & TIME OF DEA 20. PHYSICIAN'S NAME LAST IN ATTENDANCE	IOI DUE TO, OR (A) (B) DUE TO, OR (C) NIFICANT CONDITIONS WITH MONTH () Ctober 1. (TYPE OR PRINT)	AS A CONSEQUENCE OF CONDITIONS CONT. DAY YEAR 6, 1976.	HOUR DATE 6:30 A.M. 210.	SIGNED MO	YES NO	SIDERED IN DETERMINE CAUSE OF DEATH 19b. YES N
M. D. OR	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDELYING CAUSE LAST PART II. OTHER SIGGIVEN IN PART I (A) DATE & TIME OF DEA 20. PHYSICIAN'S NAME LAST IN ATTENDANC 220.	IDI JON	AS A CONSEQUENCE CONDITIONS CONT	HOUR DATE 6:30 A.M. 21g. SIGN/ 22b.	SIGNED MO ATURE OF PHYSICIAMY WHAT	YES NO	SIDERED IN DETERMINE CAUSE OF DEATH 19b. YES N
м. р.	CONDITIONS, IF AN WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UNDELYING CAUSE LAST PART II. OTHER SIG GIVEN IN PART I (A) CATE & TIME OF DEA 20. PHYSICIAN'S NAME LAST IN ATTENDANC 22d. MAILING ADDRESS—I	NIFICANT CONDITIONS THE MONTH (c) October 1. (TYPE OR PRINT) E ton Herzber PHYSICIAN	AS A CONSEQUENCE CONDITIONS CONT DAY YEAR 6, 1976. STREET OR R.F.D.	HOUR DATE 6:30 A.M. 210. SIGN/ 22b.	SIGNED MO	YES NO	CAUSE OF DEATH 19b. YES N
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