

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

76-037731

Local No. 149

State No. _____

EMBALMER'S NAME: J.B. Monts D.G. Waite
 FUNERAL DIRECTOR'S SIGNATURE: *M.C. Ruby*
 LICENSE No. 276 833
 FUNERAL HOME No. 98
 FUNERAL DIRECTOR'S LICENSE No. 2204

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS	DECEASED—NAME			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. <u>Mary</u>	<u>A.</u>	<u>Sanders</u>	2. <u>Female</u>	3. <u>October 16, 1976.</u>	
	RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
	4. <u>White</u>	5a. <u>79</u>	5b.	5c.	6. <u>12-5-1896</u>	7a. <u>Vermillion</u>
DECEASED	CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
	7b. <u>Clinton</u>		7c. <u>Yes</u>	7d. <u>1550 S. 3rd. St.</u>		
	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
	8. <u>Indiana</u>	9. <u>U.S.A.</u>	10. <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	11.		
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
	13a. <u>Housekeeper</u>		13b. <u>Own home</u>			
	RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
	14a. <u>Indiana</u>	14b. <u>Vermillion</u>	14c. <u>Clinton</u>	14d. <u>Yes</u>	14e. <u>Clinton</u>	
STREET AND NUMBER		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		IS RESIDENCE ON A FARM? (Yes, no, or unknown)		
14f. <u>1550 S. 3rd. St.</u>		No		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PARENTS	FATHER—NAME			MOTHER—MAIDEN NAME		
	15. <u>John Somes</u>			16. <u>Grace Gregson</u>		
	INFORMANT—NAME			RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. <u>Mildred Sanders</u>			17b. <u>Daughter</u>	17c. <u>224 1/2 S. Main St., Clinton, Indiana</u>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
CAUSE	18. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	(a) <u>myocardial infarction</u>				<u>Sudden</u>	
	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST				YEARS—	
	(b) <u>atherosclerosis</u>					
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)			CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
					19a. NO	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
19b. YES <input type="checkbox"/> NO <input type="checkbox"/>						
M. D. OR D. O.	DATE & TIME OF DEATH			DATE SIGNED		
	20. <u>October 16, 1976. 6:30 A.M.</u>			21a. <u>Oct. 20 1976</u>		
	PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE			SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)		
	22a. <u>Milton Hersberg M.D.</u>			22b. <i>Milton Hersberg, M.D.</i>		
MAILING ADDRESS—PHYSICIAN			STREET OR R.F.D. NO	CITY OR TOWN	STATE ZIP	
23. <u>222 Elm St., Clinton, Indiana 47842</u>						
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	
	24a. <u>Burial</u>		24b. <u>Roselawn</u>		24c. <u>Rigo Co., Indiana.</u>	
	DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
	24d. <u>10-19-76</u>		25a. <u>Frist Funeral Home Inc., 456 Blackman St., Clinton, Ind. 47842</u>			
HEALTH OFFICER—SIGNATURE			DATE RECEIVED BY LOCAL HEALTH OFFICER			
25b. <i>J.W. Gomer</i>			26b. <u>Oct 20-76</u>			