INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Dr. Lynch

Local No. _____ State No. '64 - 006355

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY, TOWN, OR LOCATION: Bloomington
c. Length of Stay in ID: Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Bloomington Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Indiana
b. COUNTY: Monroe
c. CITY, TOWN, OR LOCATION: Bloomington
d. STREET ADDRESS: 3643 E. Park Lane
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): First: Oscar; Middle: Joe; Last: Somes

4. DATE OF DEATH: Month: Feb.; Day: 2; Year: 1964

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Mar. 26, 1924

9. AGE (In years last birthday): 39

IF UNDER 1 YEAR: Months: ; Days: ; IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee of Seward Foundry Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Somes

14. MOTHER'S MAIDEN NAME: Helena Drummond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW II

17a. INFORMANT'S NAME: Mrs. Alice Somes

17b. INFORMANT'S ADDRESS: 3643 E. Park Lane, Bloomington, Indiana

17c. RELATIONSHIP TO DECEASED: Wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Massive Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b): Coronary Artery Disease — unknown

DUE TO (c): _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour: ; a. m. / p. m.: ; Month: ; Day: ; Year:

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

20f. CITY, TOWN, OR LOCATION COUNTY STATE:

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from Feb 2, 64 to Feb 2, 64 and last saw her/him alive on Feb 2, 64. Death occurred at 8:30 AM (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.

22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ M (C.S.T.) from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer.: Robert E. Lynch, M.D.

23b. ADDRESS: Bloomington

23c. DATE SIGNED: 2-3-64.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 5, 1964

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION: Monroe County, Indiana

DATE REC'D BY LOCAL HEALTH OFFICER

SIGNATURE OF HEALTH OFFICER

25. FUNERAL DIRECTOR ADDRESS: Day Funeral Home - Bloomington, Indiana

EMBALMER'S NAME: Wm. H. Apple LICENSE No. 3908

FUNERAL DIRECTOR'S LICENSE No. 1727

S.B.H.—6-24-3—Revised 1955 U.S. Department Health, Education and Welfare. Form Approved Budget Bureau No. 68-R375