

83-031874

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 83-837

State No. \_\_\_\_\_

FUNERAL HOME  
No. 491

FUNERAL DIRECTOR'S  
LICENSE No. 341

FUNERAL DIRECTOR'S  
SIGNATURE *Robert M. Badders*

LICENSE No. 4022

EMBALMER'S NAME ROBERT M. BADDERS

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST <b>MAURICE J. STINES</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>SEPTEMBER 2, 1983</b>
4. RACE—(a) g. White, Black, American Indian, etc. (Specify) <b>WHITE</b>	5a. AGE—Last Birthday (Yrs.) <b>63</b>	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS <b>65-7-1920</b>
6. CITY, TOWN OR LOCATION OF DEATH <b>MUNCIE</b>		7a. COUNTY OF DEATH <b>DELAWARE</b>	7b. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) <b>BALL MEMORIAL HOSPITAL</b>
8. STATE OF BIRTH (If not in U.S.A. name country) <b>INDIANA</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>NO</b>
13a. RESIDENCE—STATE <b>INDIANA</b>		13b. COUNTY <b>DELAWARE</b>	13c. CITY, TOWN OR LOCATION <b>MUNCIE</b>
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHIPPING CLERK</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>MANUFACTURING</b>	
15a. STREET AND NUMBER <b>4601 GLENWOOD AVENUE</b>		15b. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15c. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>YES</b>
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. FATHER—NAME FIRST MIDDLE LAST <b>RALPH STINES</b>		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>ALICE HENDRICKS</b>	
18a. INFORMANT—NAME (Type or print) RELATIONSHIP <b>TRULY A. STINES DAUGHTER</b>		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>4601 GLENWOOD AVENUE MUNCIE, INDIANA 47304</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>CREMATION</b>		19b. CEMETERY OR CREMATORY—FUNERAL HOME <b>MEEKS MORTUARY</b>	
19c. LOCATION CITY OR TOWN STATE <b>MUNCIE, INDIANA</b>		20. DATE (MONTH, DAY, YEAR) <b>SEPTEMBER 6, 1983</b>	
20a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>MEEKS MORTUARY 415 E. WASHINGTON ST. MUNCIE, INDIANA</b>		20b. DATE SIGNED (Mo., Day, Yr.) <b>SEPTEMBER 6, 1983</b>	
21a. NAME OF ATTENDING PHYSICIAN (Type or Print) <b>WILLIAM B. FISHER M.D.</b>		21c. HOUR OF DEATH <b>9:10 P.M.</b>	
21d. MAILING ADDRESS—PHYSICIAN <b>4000 WEST WOODWAY MUNCIE, INDIANA</b>		22a. HEALTH OFFICER—SIGNATURE <i>Clyde G. Baskin, M.D.</i>	
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>SEP 6 1983</b>		23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
PART I (a) <b>Pneumonia</b>		Interval between onset and death	
(b) <b>Leukopenia</b>		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>Gastric Cancer</b>		24. AUTOPSY (Specify Yes or No) <b>NO</b>	