

**INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH**

77-330536

Local No. 13/91 ✓

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
Ruth Warrick Somes F Sept 22, 1977

2. RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY YEAR) COUNTY OF DEATH
White 80 5b. 5c. 12-12-1896 Clay

4. 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)
Brazil yes Clay County Hospital

7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
In. U.S.A.

8. 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
In. U.S.A.

13a. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
In. Clay Knightsville yes

14a. STREET AND NUMBER 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 14h. IS RESIDENCE ON A FARM? YES NO
No

PARENTS

15. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
Robert Waggoner Emma Wederlie

17a. INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Ruth Walker Daughter Brazil In. 47834

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

18. IMMEDIATE CAUSE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) <u>Acute renal insufficiency</u>	<u>2 days</u>
(b) <u>Chronic nephritis</u>	<u>2 yrs</u>
(c) _____	_____

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES NO

Metastatic carcinoma; primary unknown

20. DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR
Sept 22 1977 6:55 PM Sept 24 1977

M. D. OR D. O.

22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.
John T. Nonweiler, M.D. John T. Nonweiler

23. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
2207 E. National Brazil IND 47834

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE
Burial Clearview Brazil In.

24d. DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Sept 26 1977 More Funeral Home Brazil In - 47834

25a. HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
Shelvin Jarid, M.D. Sept. 26, 1977

FUNERAL HOME No. 54
 FUNERAL DIRECTOR'S LICENSE No. 1118
 EMBALMER'S NAME Tom Jennings
 FUNERAL DIRECTOR'S SIGNATURE Robert T. Moore