

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL RECORDS

MEDICAL CERTIFICATE OF DEATH

State No.

'61-013601

Local No.

79

EMBALMER'S NAME Max L. Hudson
 LICENSE No. 4508
 FUNERAL DIRECTOR'S LICENSE No. 10720

1. PLACE OF DEATH a. COUNTY <i>Monroe</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Indiana</i> b. COUNTY <i>Monroe</i>	
b. CITY, TOWN, OR LOCATION <i>Bloomington</i>		c. Length of Stay in lb <i>years</i>	c. CITY, TOWN, OR LOCATION <i>Bloomington</i>
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Bloomington Hospital</i>		d. STREET ADDRESS <i>1275 Longwood Drive</i>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Elizabeth W. Hendrix</i>			4. DATE OF DEATH Month Day Year <i>April 4, 1961</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 7, 1880</i>
9. AGE (In years last birthday) <i>80</i>		9. UNDER 1 YEAR Months Days Hours Min.	9. UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Keeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Indiana</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>		15. SOCIAL SECURITY NO. <i>No</i>	17a. INFORMANT'S NAME <i>William Somes</i>
17b. INFORMANT'S ADDRESS <i>1275 Longwood Drive, Bloomington, Ind.</i>		17c. RELATIONSHIP TO DECEASED <i>Nephew</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Cardio-Vascular Disease</i>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <i>Post-op Cholecystectomy</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month Day Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 _____ to _____ and last saw her alive on _____ Death occurred at _____ M (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. <i>T. C. Politzer M.D.</i>		23b. ADDRESS <i>Bloomington, Ind.</i>	23c. DATE SIGNED <i>4-6-61</i>
24a. BURIAL, CREMATION, or other disposition (Specify) <i>Burial</i>		24b. DATE <i>April 6, 1961</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>
24d. LOCATION <i>Bloomington, Ind.</i>		25. FUNERAL DIRECTOR <i>Greene & Harrell - Bloomington, Ind.</i>	
DATE REC'D BY LOCAL HEALTH OFFICER <i>4-14-61</i>		SIGNATURE OF HEALTH OFFICER <i>James M. D.</i>	