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PLAINLY WITH
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THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALLER'S NAME Bryan W. Pitman
LICENSE No. 2977
FUNERAL DIRECTOR'S LICENSE No. 1495

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

Local No. 64-594

State No. 27444

1. PLACE OF DEATH a. COUNTY Delaware		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY Hamilton	
b. CITY, TOWN, OR LOCATION Muncie, Indiana		a. Length of Stay in lb 5 days	c. CITY, TOWN, OR LOCATION Middletown, Indiana
d. NAME OF HOSPITAL OR INSTITUTION Ball Memorial Hospital		d. STREET ADDRESS	
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"/>	
3. NAME OF DECEASED (Type or print) Grace Gertrude Robbins		4. DATE OF DEATH 8 13 1964	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 3 1890
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	11. BIRTHPLACE (State or foreign country) Cicero, Indiana
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME Frank Foulke	
14. MOTHER'S MAIDEN NAME Frances Underwood		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16a. INFORMANT'S NAME Mrs. Paul Jarrell		16b. RELATIONSHIP TO DECEASED Daughter	
17a. INFORMANT'S ADDRESS Middletown, Indiana		17b. RELATIONSHIP TO DECEASED Daughter	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Acute mitral incompetence PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Acute mitral incompetence			INTERVAL BETWEEN ONSET AND DEATH Hours years
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 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 8-11-64 to 8-12-64 and last saw her alive on 8-12-64 Death occurred at 2:30 A. 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 John L. Currier M.D.		23b. ADDRESS 2724 St. North Muncie	
23c. DATE SIGNED 8-13-64		23d. HEALTH OFFICER'S TITLE Attending Physician	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-17-1964	
24c. NAME OF CEMETERY OR CREMATORY Gardens of Memory		24d. LOCATION Muncie, Indiana	
DATE REC'D BY LOCAL HEALTH OFFICER 8/13/64		SIGNATURE OF HEALTH OFFICER Charles R. ...	
25. FUNERAL DIRECTOR Bryan W. Pitman		ADDRESS Eaton, Ind.	