9687

TYPE OR PRINT PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

Local No. 5685

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

State No. '61-038807

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY, TOWN, OR LOCATION: INDIANAPOLIS
c. Length of Stay in 1b: 10 YRS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 1429 CARROLLTON NEW VIEW NURSING HOME
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: INDIANA
b. COUNTY: HAMILTON
c. CITY, TOWN, OR LOCATION: NOBLESVILLE
d. STREET ADDRESS: RR #5
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒
f. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (Type or print): First LIZZIE Middle MAY Last MOLLENKOPF
4. DATE OF DEATH: Month NOV Day 22 Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: FEB 28 1882
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 7 Days 24 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): INDIANA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Isaac Robbins
14. MOTHER'S MAIDEN NAME: Kezziah Tomlinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
17a. INFORMANT'S NAME: Mrs Ralph A Burt
17b. INFORMANT'S ADDRESS: 2012 Arbor View – Ann Arbor, Mich.
17c. RELATIONSHIP TO DECEASED: Niece

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sudden
331X
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — several years
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 ☒

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 10-25-61 to 11-22-61 and last saw her alive on 11-8-61. Death occurred at 7:30 AM M (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.
WAYNE L. RITTER, MD

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: Wayne L. Ritter
23b. ADDRESS: 404 Hume Mansur Bldg.
23c. DATE SIGNED: 11-22-61

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV 25, 1961
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F
24d. LOCATION: Oaklandon, Indiana

DATE REC'D BY LOCAL HEALTH OFFICER: NOV 27 1961
SIGNATURE OF HEALTH OFFICER: Henry T. Hester M.D.
25. FUNERAL DIRECTOR: EVANS-GODBY-TROUT — ADDRESS: NOBLESVILLE INDIANA

EMBALMER'S NAME: Kenneth B. Trout — LICENSE No. 3229
FUNERAL DIRECTOR'S LICENSE No. 1440

Below for State Office Use

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S.B.H.—6-24-3—