

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A 29
B 1
C 29--
D -
E 428-
F 6
G 6
H 6
I 1
J _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

LICENSE No. 3229

EMBALMER'S NAME
Kenneth B. Dunt

FUNERAL HOME
No. 520

FUNERAL DIRECTOR'S
LICENSE No. 1440

FUNERAL DIRECTOR'S
SIGNATURE
Kenneth B. Dunt

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

74-324689

Local No. _____

State No. _____

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME 1. <u>Sarah</u> <u>Ross</u>			SEX 2. <u>F</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>July 17, 1974</u>
RACE 4. <u>W</u>	AGE—LAST BIRTHDAY (YEARS) 5a. <u>88</u>	UNDER 1 YEAR MOS. DAYS 5b. _____	UNDER 1 DAY HOURS MIN. 5c. _____	DATE OF BIRTH MONTH, DAY, YEAR 6. <u>Mar 13, 1886</u>
CITY, TOWN, OR LOCATION OF DEATH 7b. <u>Noblesville</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <u>yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <u>Reverview Hosp</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <u>Indiana</u>		CITIZEN OF WHAT COUNTRY 9. <u>U.S.A.</u>		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. <u>deceased</u>
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) 13a. <u>Domestic</u>		KIND OF BUSINESS OR INDUSTRY 13b. <u>Home</u>
RESIDENCE—STATE 14a. <u>Ind.</u>	COUNTY 14b. <u>Hamilton</u>	CITY, TOWN OR LOCATION 14c. <u>Cicero Ind.</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>NO</u>	TOWNSHIP 14e. <u>Jackson</u>
STREET AND NUMBER 14f. <u>RR # 1</u>		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		IS RESIDENCE ON A FARM? 14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER—NAME 15. <u>Geo. Foulk</u>		MOTHER—MAIDEN NAME 16. <u>Mary Frances Underwood</u>		
INFORMANT—NAME 17c. <u>John Ross</u>		RELATIONSHIP 17b. <u>Son</u>	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 17c. <u>RR # 5 Noblesville Ind.</u>	
PART I DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				
18. IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST				
CAUSE (b) _____				
(c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)			AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE & TIME OF DEATH 20. <u>July 17, 1974 10:20 P.M.</u>		DATE SIGNED 21. <u>7 18 74</u>		
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. <u>ESQ. J. HAVENS M.D.</u>		SIGNATURE OF PHYSICIAN (DEGREE OR TITLE) 22b. <u>[Signature]</u>		
MAILING ADDRESS—PHYSICIAN 23. <u>P.O. Box 308</u>		CITY OR TOWN <u>Cicero Ind.</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>		CEMETERY, CREMATORY, FUNERAL HOME 24b. <u>Cicero Cem.</u>		
DATE (MONTH, DAY, YEAR) 24d. <u>July 20, 1974</u>		LOCATION 24c. <u>Cicero Ind.</u>		
DISPOSITION		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. <u>Evans, Godby Treat Noblesville Ind. 46060</u>		
HEALTH OFFICER—SIGNATURE 25b. <u>Ernie M. Carter, M.D.</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER <u>JUL 23 1974</u>		