

30883
TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A 1
B 1
C 4911-
D 1
E 494
F 15
G 6
H 80--
I 00
J 1
K 067
L 2
1 410-
2 4
3 4
4 4
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6
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8
9
10
11 22
12 24

LICENSE No. 4326

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 174

LICENSE No. 539

SIGNATURE

Local No. 08421

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

410X

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State
No.

84-045347

DECEASED—NAME		PAUL FIRST		E. MIDDLE		JARRELL		SEX	2 Male		DATE OF DEATH (MONTH DAY YEAR)	3 12/28/84	
1		Paul		E.		Jarrell		2		Male		3 12/28/84	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		4 White		AGE—Last Birthday (Yrs.)		5a 67		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day, Yr.)	
4		White		5a		67		5b		5c		6 11-22-1917	
CITY, TOWN OR LOCATION OF DEATH		7b Indianapolis		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, g. e. street and number)		7c Indiana University Med. Center		COUNTY OF DEATH		7a Marion		IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify)	
7b		Indianapolis		7c		Indiana University Med. Center		COUNTY OF DEATH		7a		Marion	
STATE OF BIRTH (If not in U.S.A. name country)		8 Indiana		CITIZEN OF WHAT COUNTRY		9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		10 Married		SURVIVING SPOUSE (If wife, give maiden name)	
8		Indiana		9		USA		10		Married		Mary Robbins	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14a Factory Employee		KIND OF BUSINESS OR INDUSTRY		14b Automotive		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)		12		No	
14a		Factory Employee		14b		Automotive		12		No			
RESIDENCE—STATE		15a IN		COUNTY		15b Tipton		CITY, TOWN OR LOCATION		15c Elwood		IS RESIDENCE ON A FARM?	
15a		IN		15b		Tipton		15c		Elwood		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER		15d RR 3 Box 430		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FATHER—NAME		16 Everett --- Jarrell		MOTHER—MAIDEN NAME	
15d		RR 3 Box 430		15g		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16		Everett --- Jarrell		17 Hazel --- Carpenter	
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP	
18a		Mary Jarrell, Wife		18b		R. R. #3, Elwood, Indiana		46036					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME		19b Mechanicsburg Cemetery		LOCATION		CITY OR TOWN		STATE	
19a		Burial		19b		Mechanicsburg Cemetery		19c		Mechanicsburg, Indiana		46036	
DATE (MONTH, DAY, YEAR)		20a 1-3-1985		FUNERAL HOME—NAME AND ADDRESS		20b Copher & Fesler Funeral Home, Elwood, Indiana		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
20a		1-3-1985		20b		Copher & Fesler Funeral Home, Elwood, Indiana							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21a (Signature) Thomas L. Eggerman M.D.		DATE SIGNED (Mo. Day, Yr.)		21b 12/28/84		HOUR OF DEATH		21c 12:20 AM		M	
21a		(Signature) Thomas L. Eggerman M.D.		21b		12/28/84		21c		12:20 AM		M	
NAME OF ATTENDING PHYSICIAN (Type or Print)		21d Thomas L. Eggerman, M.D.		MAILING ADDRESS—PHYSICIAN		21e 1100 W. Michigan Street Indianapolis, Indiana 46202		HEALTH OFFICER—SIGNATURE		22a		DATE RECEIVED BY LOCAL HEALTH OFFICER	
21d		Thomas L. Eggerman, M.D.		21e		1100 W. Michigan Street Indianapolis, Indiana 46202		22a		Francis Johnson		22b DEC 31 1984	
IMMEDIATE CAUSE		23 4275 Cardiorespiratory Arrest		cardiopulmonary arrest		Interval between onset and death		DUE TO OR AS A CONSEQUENCE OF		23 410X Myocardial Infarction		myocardial infarction	
23		4275 Cardiorespiratory Arrest		cardiopulmonary arrest		Interval between onset and death		23		410X Myocardial Infarction		myocardial infarction	
PART I (a)		Cardiorespiratory Arrest		cardiopulmonary arrest		Interval between onset and death		PART I (b)		Myocardial Infarction		myocardial infarction	
DUE TO OR AS A CONSEQUENCE OF		23 410X Myocardial Infarction		myocardial infarction		Interval between onset and death		DUE TO OR AS A CONSEQUENCE OF		23			
23		410X Myocardial Infarction		myocardial infarction		Interval between onset and death		23					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		PART II		AUTOPSY (Specify Yes or No)		24		No					
PART II				24		No							