

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

Below for State Office Use

A 1
B 2961
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FUNERAL HOME
No. 521
LICENSE No. 1105
FUNERAL DIRECTOR'S
LICENSE No. 2246
EMBALMER'S NAME
Joe Roberts
FUNERAL DIRECTOR'S
SIGNATURE
Tom Randall

Local No.

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

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State
No.

85 039423

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1 Paul K. Ross					2 Male	3 November 20, 1985	
RACE (e.g. white, black, American Indian, etc.) (Specify)		AGE—Last Birthday (M Y)	UNDER 1 YEAR		DATE OF BIRTH (M Y D)		COUNTY OF DEATH
4 White		5a 74	5b MOS	5c DAYS	6 7-4-1911		7a Hamilton
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not in other) street and number				IF HOSP OR INST indicate DOA (If Emer. Rm. indicate Emer. Rm.)	
7a Noblesville		7c Riverview Hospital				7d Emer. Rm.	
STATE OF BIRTH (If not in U.S. & name of country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
8 Indiana		9 USA		10 Married		11 Jane Denoon	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		14a Carpenter		14b	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
15a Indiana		15b Hamilton		15c Cicero		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER		15d R.R.#1		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No)	
15f		15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15h		15i	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST
16 Robert E. Ross					17 Sarah Foulke		
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		STREET OR R.F.D. NO.	
18a Jane Ross-wife		18b RR#1		Cicero		Indiana 46034	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN	
19a Burial		19b Hinkle Cemetery		19c Cicero, Indiana		STATE	
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO. CITY OR TOWN, STATE ZIP)		20b	
20a November 23, 1985		20b Randall & Roberts, 1194 Logan St. Noblesville, IN 46060					
To the best of my knowledge, death occurred on the date and place and due to the causes stated		21a (Signature) J. Howard Pratt		DATE SIGNED (M Y D)		HOUR OF DEATH	
21a J. Howard Pratt, M.D.		21b 11/21/85		21c 10:30am		M	
MAILING ADDRESS—PHYSICIAN		21d V.A. Medical Center, 1481 West 10 th Street, Indianapolis, IN 46202					
HEALTH OFFICER—Name		22a		DATE RECEIVED BY LOCAL HEALTH OFFICER		NOV 21 1985	
22a		22b					
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I (a) Cardiac arrest							
DUE TO, OR AS A CONSEQUENCE OF							
(b)							
DUE TO, OR AS A CONSEQUENCE OF							
(c)							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)							
24						No	

SBH 06-003 State Form 35430
REV. 10/77