

84-042744

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. *BK 38 pg 29*

State No. _____

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

Below for State Office Use

- A 2
- B 1
- C 06---
- D 7
- E 999
- F 15
- G ---
- H 06---
- I 00
- J 1
- K 013
- L 2
- 1 110-
- 2 ---
- 3 ---
- 4 ---
- 5 ---
- 6 ---
- 7 ---
- 8 ---
- 9 ---
- 10 8
- 11 19
- 12 ---

FUNERAL HOME No. 787

FUNERAL DIRECTOR'S LICENSE No. 2464

EMBALMER'S NAME Morris T. Kercheval

FUNERAL DIRECTOR'S SIGNATURE Morris T. Kercheval

LICENSE No. 1157

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		Dortha	Helen	Thompson	2 female	3 12/26/1984	
RACE—(See White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo. Day Yr.)		COUNTY OF DEATH
4 white	5a 73	MOS	DAYS	HOURS	MINS	6 1/10/1911	7a Boone
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number)		IF HOSP OR INST Indicate DOA OP Emer Rm Inpatient (Specify)	
7b Rt 3 Sheridan				7c residence Rt 3 Box 253		7d no	
STATE OF BIRTH (if not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (if wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Ind	9 U.S.A.		10 married	11 Howard N. Thompson		12 no	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION				KIND OF BUSINESS OR INDUSTRY			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		14b farming		
15a Ind.		15b Boone	15c Sheridan				
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
15d Rt 3 Box 253				15e YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		15f no	
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				MOTHER—MAIDEN NAME			
16 Dr. S. Clyde Phillips				17 Alice Foulke			
INFORMANT—NAME (Type or Print)		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN	STATE	ZIP
18a Howard N. Thompson			18b Rt 3 Box 253		Sheridan, Ind.	46069	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION			
19a Burial		19b Crown View Cem.		19c Sheridan, Ind.			
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS				(STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)	
20a 12/29/1984		20b Kercheval Funeral Home				Sheridan, Ind. 46069	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated:				DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH	
21a (Signature) <i>Robert N. Coons</i>				21b 12 28 1984		21c 7:10 P.M. 7:10 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d Robert N. Coons, D.O.							
MAILING ADDRESS—PHYSICIAN							
21e 210 E. Main St. Lebanon, Ind. 46052							
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a <i>L. Bailey M.D.</i>				22b 12/28/84			
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
PART I		(a) Myocardial Infarction				Interval between onset and death	
		DUE TO OR AS A CONSEQUENCE OF				Instantaneous	
		(b) Myocardial heart disease				Interval between onset and death	
		DUE TO OR AS A CONSEQUENCE OF				2 years	
		(c)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)						AUTOPSY (Specify Yes or No)	
						24	

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

CAUSE