

THE DIVISION OF HEALTH OF THE STATE OF INDIANA
STANDARD CERTIFICATE OF DEATH

State File No. **18862**

No. 300
10:48
FILED MAY 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>1228</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (In this place) 14 Days		c. CITY (If outside corporate limits, write RURAL and give township) Rural Route #2 - Linton 8136			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) Rural Route #2			
3. NAME OF DECEASED (Type or Print) RMMA		a. (First)		b. (Middle)		c. (Last) SOUTH	
4. DATE OF DEATH (Month) (Day) (Year) 5 21 25		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Sept. 28, 1876		9. AGE (In years last birthday) 75		10. MONTHS 7		11. DAYS 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (City and State or Foreign Country) unknown, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown Beashears		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Lee South			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marcella Kullach-844 Delaware, Detroit			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH acute 4-5 days uncertain	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/8</u> , 19 <u>52</u> to <u>5/21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/21</u> , 19 <u>52</u> , and that death occurred at <u>3:55 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Thomas W. Parker MD				23b. ADDRESS 4660 Newland		23c. DATE SIGNED 5/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 22, 1952		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Linton, Indiana	
DATE REC'D BY LOCAL REG. 5-21-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. R. Lupton & Sons-7233 Delmar Blv'd.,			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Dr. Thomas W. Parker
4660 Maryland Avenue
RO-6074

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoena

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.