

86-002902

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

Below for State Office Use

- A 1
- B 1
- C 7941-
- D 1
- E 792
- F 15
- G 250789
- H 79---
- I 00
- J 2
- K 083
- L 2
- 1 436
- 2 4
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(6)

Local No. 86-28

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

FUNERAL HOME No. 592

FUNERAL DIRECTOR'S LICENSE No. 2007

EMBALMER'S NAME Ray R. ...
FUNERAL DIRECTOR'S SIGNATURE [Signature]

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - MONTH DAY YEAR
1		William	Franklin	Worthen	Male	Jan. 13, 1986
RACE - (e.g. White, Black, American Indian, etc.)	AGE - Last birthday	UNDER 1 YEAR	DATE OF BIRTH - (M, D, Y)	COUNTY OF DEATH		
4 White	5a 83	5b	5c FEB 28, 1902	7a Tippecanoe		
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER PLACE OF DEATH		IF HOSP. OR INST. indicate DOA of (e.g. Hosp. Inpatient, Specialty)		
7b Lafayette		7c HOME HOSPITAL INC.		7d Inpatient		
STATE OF BIRTH - (e.g. U.S.A., other country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE - (e.g. name, maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (M, Y, N)	
8 Indiana	9 U.S.A.	10 Married	11 MAUDELLA MAE LUZARDER		12 No	
USUAL RESIDENCE WHERE DECEASED LIVED - IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION	
13a Indiana		13b Indiana		13c Tippecanoe	13d Lafayette	
STREET AND NUMBER		15a		15b	15c	
14a 10102 East		14b 200 North		15a		15c
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		15g		15e		15f
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f		15f
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	
16 William		17 Alfred	18 Worthen	19 Mattie Klinger		
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
18 MAUDELLA MAE WORTHEN - WIFE		19 WIFE		10102 E. 200N.		Lafayette, Ind. 47905
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION		
19a Cremation		19b West Haven Crematory		19c Lafayette, Indiana		
DATE (MONTH DAY YEAR)		FUNERAL HOME		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
20a Jan. 15, 1986		20b H. REUSTEEL F.H. 822 N. 9th		Lafayette, Ind. 47904		
M.D. OR D.O.		DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH		
21a Ben Crouse		21b 1-13-86		21c 1:56 A.M.		
NAME OF ATTENDING PHYSICIAN (Type or print)		21d BEN E. CROUSE, M.D.		21e		
MAILING ADDRESS - PHYSICIAN		21f		21g		
21f		21g		21h		
HEALTH OFFICER - SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		22a		
22a [Signature]		22b January 14, 1986		22c		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death		
23		23a Stroke		23b 36 hours		
PART I (a)		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
PART I (b)		DUE TO OR AS A CONSEQUENCE OF		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 or No)		
24		24		24 No		

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