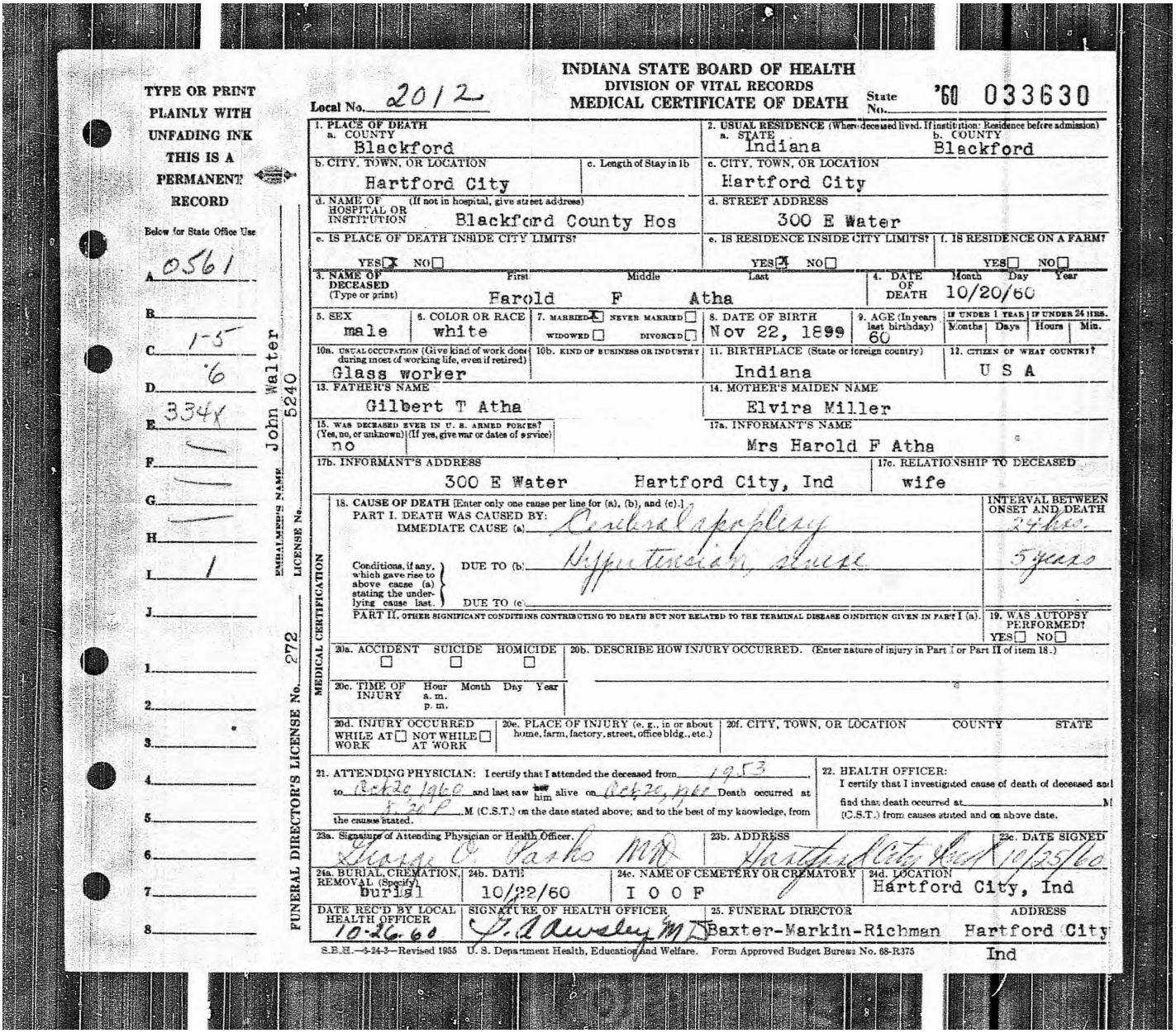

TYPE OR PRINT PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

Below for State Office Use

A 0561
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EMBALMER'S NAME John Walter 5240
LICENSE No. 272
FUNERAL DIRECTOR'S LICENSE No.

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 2012 State No. '60 033630

1. PLACE OF DEATH
a. COUNTY: Blackford
b. CITY, TOWN, OR LOCATION: Hartford City
c. Length of Stay in 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Blackford County Hos
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Indiana
b. COUNTY: Blackford
c. CITY, TOWN, OR LOCATION: Hartford City
d. STREET ADDRESS: 300 E Water
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (Type or print): First Harold Middle F Last Atha
4. DATE OF DEATH: Month 10 Day 20 Year 60
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov 22, 1899
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Glass worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Gilbert T Atha
14. MOTHER'S MAIDEN NAME: Elvira Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
17a. INFORMANT'S NAME: Mrs Harold F Atha
17b. INFORMANT'S ADDRESS: 300 E Water Hartford City, Ind
17c. RELATIONSHIP TO DECEASED: wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension, Stroke — 5 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from 1953 to Oct 20 1960 and last saw him alive on Oct 20, 1960. Death occurred at 3:50 P M (C.S.T.) on the date stated above; and to the best of my knowledge, from the cause stated.

22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at ____ M (C.S.T.) from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer: Hugo C Parks MD
23b. ADDRESS: Hartford City Ind
23c. DATE SIGNED: 10/25/60

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/22/60
24c. NAME OF CEMETERY OR CREMATORY: I O O F
24d. LOCATION: Hartford City, Ind

DATE REC'D BY LOCAL HEALTH OFFICER: 10-26-60
SIGNATURE OF HEALTH OFFICER: S. L. Awsley M D
25. FUNERAL DIRECTOR: Baxter-Markin-Richman
ADDRESS: Hartford City Ind

S.B.H.—5-24-3—Revised 1955 U. S. Department Health, Education and Welfare. Form Approved Budget Bureau No. 68-R375