

30883
TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A 1
B 1
C 4911-
D 1
E 494
F 15
G 6
H 80--
I 00
J 1
K 067
L 2
1 410-
2 4
3 4
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11 22
12 24

LICENSE No. 4326

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 174

LICENSE No. 539

SIGNATURE

Local No. 08421

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

410X

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State
No.

84-045347

DECEASED—NAME		PAUL FIRST		E. MIDDLE		JARRELL		SEX	2 Male		DATE OF DEATH (MONTH DAY YEAR)	3 12/28/84	
1		PAUL		E.		JARRELL		2		Male		3 12/28/84	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		4 White		AGE—Last Birthday (Yrs.)		5a 67		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day, Yr.)	
5b		MOS		DAYS		HOURS		MINS		6 11-22-1917		7a Marion	
CITY, TOWN OR LOCATION OF DEATH		7b Indianapolis		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, g. e. street and number)		7c Indiana University Med. Center		IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm. Inpatient (Specify)		7d Inpatient		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Indiana		9 USA		10 Married		11 Mary Robbins		12 No					
14a Factory Employee		14b Automotive											
RESIDENCE—STATE		15a IN		COUNTY		15b Tipton		CITY, TOWN OR LOCATION		15c Elwood			
STREET AND NUMBER		15d R R 3 Box 430		IS RESIDENCE ON A FARM?		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No)		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		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		FIRST		MIDDLE	
16		Everett		---		Jarrell		17		Hazel		---	
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP	
18a Mary Jarrell, Wife		18b R. R. #3, Elwood, Indiana 46036											
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME		19b Mechanicsburg Cemetery		LOCATION		CITY OR TOWN		STATE	
DATE (MONTH, DAY, YEAR)		20a 1-3-1985		FUNERAL HOME—NAME AND ADDRESS		20b Copher & Fesler Funeral Home, Elwood, Indiana		46036					
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21a (Signature) Thomas L. Eggerman M.D.		DATE SIGNED (Mo. Day, Yr.)		21b 12/28/84		HOUR OF DEATH		21c 12:20 AM		M	
NAME OF ATTENDING PHYSICIAN (Type or Print)		21d Thomas L. Eggerman, M.D.		MAILING ADDRESS—PHYSICIAN		21e 1100 W. Michigan Street Indianapolis, Indiana 46202		HEALTH OFFICER—SIGNATURE		22a Frank Johnson		DATE RECEIVED BY LOCAL HEALTH OFFICER	
22b DEC 31 1984													
23 IMMEDIATE CAUSE		4375 Cardiac pulmonary Arrest		cardiopulmonary arrest									
PART I (a)		410X Myocardial Infarction		myocardial infarction									
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)											
AUTOPSY (Specify Yes or No)		24 No											