



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. **000936**

State No. **035259**

1. Decedent's Legal Name (First, Middle, Last) William P. Jarrell				1a. Maiden Last Name (If Female)		2. Sex Male	3. Time of Death 08:05 PM	4. Date of Death (Month/Day/Year) September 16, 2008
5a. Age Yrs 61		5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) October 4, 1946		8. Birthplace (City And State Or Foreign Country) Tipton, Indiana
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) 2315 Lincoln Street								
12. City Or Town, State And Zip Code Anderson, Indiana 46016					13. County Of Death Madison		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Production		17. Kind Of Business/Industry GM auto parts mfg.	
18. Residence - State Indiana		18a. County Madison		18b. City Or Town Anderson				
18c. Street And Number 2315 Lincoln Street					18d. Apt. No.		18e. Zip Code 46016	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education High school graduate or GED completed			20. Decedent Of Hispanic Origin Non-Hispanic			21. Decedent's Race White		
22. Father's Name (First, Middle, Last) Paul Edward Jarrell				23. Mother's Name (First, Middle, Last) Mary Catherine Jarrell			23a. Mother's Maiden Last Name Robbins	
24. Informant's Name Arthur Jarrell		24a. Relationship To Decedent Brother		24b. Mailing Address (Street And Number, City, State, Zip Code) 2849 East Morgan Street, Martinsville, Indiana 46151				
25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) September 22, 2008 Madison County Crematory								
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place) September 22, 2008 Madison County Crematory			25c. Location - City, Town, And State Anderson, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Robert D. Loose Funeral Home P.O. Box 2697, Anderson, IN 46018					27a. Funeral Home License Number FH83000215	
27b. Signature of Indiana Funeral Service Licensee <i>Gregory J. Thompson</i>					27c. License Number (Of Licensee) 20600063			
28. Part I. Enter The Chain Of Events - Diseases, Injuries Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death). A. GASTROINTESTINAL BLEED Due To (Or As A Consequence Of): Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last. B. HEART FAILURE Due To (Or As A Consequence Of): C. Due To (Or As A Consequence Of): D. Due To (Or As A Consequence Of): Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No								
31. Did tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature Of Person Certifying Cause Of Death: <i>Ned E. Dunnichay</i>					42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Ned E. Dunnichay, 16 E. 9th Street, Anderson, IN 46016					44. License Number n/a		45. Date Certified OCTOBER 13, 2008	
46. Additional Funeral Service Provider:					47. *Akas:			
48. Signature of Local Health Officer: <i>R.H. Shaffer, M.D.</i>					49. For Registrar Only - Date Filed (Month/Day/Year). OCTOBER 13, 2008			