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REPLACES CERTIFICATE
 Total No. 513

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

State No. '59 018475

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Knox</u>	
b. CITY, TOWN, OR LOCATION <u>Washington</u>		c. Length of stay in lb <u>2 yrs.</u>	c. CITY, TOWN, OR LOCATION <u>Wheatland</u>
d. NAME OF HOSPITAL OR INSTITUTION <u>Myers Nursing Home</u>		d. STREET ADDRESS	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Violet Edwards Commer</u>			4. DATE OF DEATH Month Day Year <u>5-30-59</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-7-1878</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing (Practical)</u>	
11. BIRTHPLACE (State or foreign country) <u>Knox Co. Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Edwards</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Allen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17a. INFORMANT'S NAME <u>W.E. Commer</u>
17b. INFORMANT'S ADDRESS <u>Wheatland Ind.</u>		17c. RELATIONSHIP TO DECEASED <u>Son</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Chronic Valvular Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Days</u>
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>Fractured Lip</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell out of bed</u>		
20c. TIME OF INJURY Hour a.m. Month Day Year <u>7:00 a.m. 5-8-59</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Myers Nursing Home</u>	20f. CITY, TOWN, OR LOCATION <u>Washington</u>
		COUNTY <u>Daviess</u>	STATE <u>Ind</u>
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>5-8-59</u> to <u>5-30-59</u> and last saw her/him alive on <u>5-30-59</u> . Death occurred at <u>8:15 P.M.</u> (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes 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 <u>Philip [Signature]</u>		23b. ADDRESS <u>Washington</u>	23c. DATE SIGNED <u>5/30/59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June-2-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheatland</u>	24d. LOCATION <u>Wheatland Ind.</u>
DATE REC'D BY LOCAL HEALTH OFFICER <u>June 17-1959</u>		SIGNATURE OF HEALTH OFFICER <u>Hamlin B. Lindsey</u>	
		25. FUNERAL DIRECTOR <u>Donaldson Richardson</u>	
		ADDRESS <u>Wheatland Ind</u>	

EMBALMER'S NAME H. Smith
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 MEDICAL CERTIFICATION

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... Indian Genealogy · Military Records · Historical Newspapers · Free Online Resources · Vital Records ... Birth certificates were required in SC beginning January 1, 1915. ... See their website for additional information and order forms. ... An online index to deaths from 1915-1962 is available from SCDHEC.. Obtaining a copy of a death certificate online is possible. There are several services such as SearchQuarry that will provide you with death records online. However, a majority of those copies are not official vital records.

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Search state archives records, order birth/death certificates, search health statistics, and more. ... Find free public government data, available for download.. Indiana does not issue death certificates for individuals who died in another state. Requests must be made directly to the vital records office in the state where To find a death record, choose the state the death occurred: ... Use the Finding US Death Records wiki page; Check online indexes and digital images ... such as archives and libraries (FHL); Obtain certificate from the government agency (\$\$).. Simply complete a free Death Certificate Request Letter online, print it, and mail it to your state's vital records office with the applicable fee. For the mailing address ...

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