

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

State No. **4096**

Local No. **56125**

1. PLACE OF DEATH a. COUNTY DELAWARE		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Indiana b. COUNTY DELAWARE	
b. CITY, TOWN, OR LOCATION MUNCIE		c. Length of Stay in 1b YEARS	d. CITY, TOWN, OR LOCATION MUNCIE
d. NAME OF HOSPITAL OR INSTITUTION 309 So HANTHORNE DR		d. STREET ADDRESS 309 So HANTHORNE DR	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? I. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EMMA C. RICHISON		4. DATE OF DEATH Month Day Year FEB 27 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 12 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. 62
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME W^{MR} HERBERT GREEN		14. MOTHER'S MAIDEN NAME EMMA CORA LYON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17a. INFORMANT'S NAME C.A. RICHISON		17b. RELATIONSHIP TO DECEASED Son	
17c. INFORMANT'S ADDRESS 309 So HANTHORNE DR MUNCIE, IN		17d. RELATIONSHIP TO DECEASED	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage; secondary anemia DUE TO (b) Carcinoma of the stomach DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Coronary artery occlusion (21 Dec. 55)		INTERVAL BETWEEN ONSET AND DEATH 4 days 6 months	
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
19c. TIME OF INJURY Hour Month Day Year a. m. p. m.		19d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20a. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20b. CITY, TOWN, OR LOCATION COUNTY STATE	
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from 6 Dec. 1955 to 27 Feb 56 and last saw him on 27 Feb 56 . Death occurred at 534 M (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.		21. 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.	
22a. Signature of Attending Physician or Health Officer. W. J. Quick		22b. ADDRESS 1511 EAST WASHINGTON MUNCIE IN.	
22c. DATE SIGNED 2/27/56		23. NAME OF CEMETERY OR CREMATORY BEECH GROVE	
23a. RITUAL CREMATION? <input type="checkbox"/> REMOVAL? (Specify)		23b. DATE FEB 29 1956	
23c. LOCATION MUNCIE IN.		23d. NAME OF GENERAL DIRECTOR M. L. MEEK'S & SONS MUNCIE IN.	
DATE REC'D BY LOCAL HEALTH OFFICER 564		SIGNATURE OF HEALTH OFFICER M. L. MEEK'S & SONS MUNCIE IN.	

Indiana State Board of Health, certified certificate of death, Local 56125, State No. 4096, Emma C. Richison, 27 February 1956; Bureau of Vital Statistics, Indianapolis.



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

FEB -9 2016



