

"Indiana, Death Certificates, 1899-2011," digital images, *Ancestry.com* (<http://www.ancestry.com> : accessed 24 July 2016); Zella B. Rosenbarger (13 October 1992), Certificate of Death no. 92-037016, Delaware County; citing Death Certificates, 1900-2011, microfilm, Indiana Archives and Records Administration, Indianapolis.

INDIANA STATE DEPARTMENT OF HEALTH 92-037016

Local No. 92-925 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK	1 DECEASED—NAME (First Middle Last) ZELLA B. ROSENBERGER		2 SEX Female	3a TIME OF DEATH 8:15 P M	3b DATE OF DEATH (Month Day Yr) October 13, 1992
	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) Nov. 6, 1908	7 BIRTHPLACE (City and State or Foreign Country) Muncie, Indiana
DECEASED	8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input checked="" type="checkbox"/>		
	9b FACILITY NAME (If not institution give street and number) 3128 S. Opechee Dr.		9c CITY, TOWN OR LOCATION OF DEATH Muncie	9d COUNTY OF DEATH Delaware	
	10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sales Clerk	12b KIND OF BUSINESS/INDUSTRY Department Store	
13a RESIDENCE—STATE Indiana	13b COUNTY Delaware	13c CITY, TOWN OR LOCATION Muncie	13d STREET AND NUMBER 3128 S. Opechee Dr.		
13e ZIP CODE 47302	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban Mexican Puerto Rican, etc.)	16 RACE—American Indian Black White etc (Specify) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 0
PARENTS	18 FATHER'S NAME (First, Middle, Last) Hall Jackson Wilkerson		19 MOTHER'S NAME (First, Middle, Maiden Surname) Martha F. Childers		
	20a INFORMANT'S NAME (Type/Print) Donna Whitcomb		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5204 S. Breezewood, Muncie, IN 47302	20c Relationship Daughter	
DISPOSITION	21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 16, 1992 Elm Ridge Cemetery		21c LOCATION—City or Town State Muncie, Indiana
	22a EMBALMER'S NAME Zalo Wilson		22b EMBALMER'S LICENSE NO FDO 8800062	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
CAUSE OF DEATH	24a SIGNATURE OF FUNERAL DIRECTOR <i>Gordon Cox</i>		24b LICENSE NUMBER (of Licensee) FDO 1006201	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME The Meeks Mortuary 3004918 415 E. Washington, Muncie, IN 47305	
	26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a STAGE IV-B Squamous Cell CARCINOMA OF CERVIX		metastases
	b DUE TO (OR AS A CONSEQUENCE OF)		PELVIS METASTASES		LI
c DUE TO (OR AS A CONSEQUENCE OF)		LIVER METASTASES		LI	
d DUE TO (OR AS A CONSEQUENCE OF)		PERIPHERAL Vascular Disease			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I chronic obstructive pulmonary disease					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
CERTIFIER	29b SIGNATURE AND TITLE OF CERTIFIER <i>D. C. Adrian</i>		29c MEDICAL LICENSE NO IN 01034541	29d DATE SIGNED (Month, Day, Year) 10-14-92	
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dwayne C. Adrian, M.D., 1608 W. McCalliard Rd., Muncie, IN 47304				
HEALTH OFFICER	31 HEALTH OFFICER'S SIGNATURE <i>Wanna A. Dickins MD</i>				DATE FILED (Month Day Year) OCT 16 1992
	33 MANNER OF DEATH				
CORONER USE ONLY	<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
	<input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34e PLACE OF INJURY—At home farm street factory office building etc (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town State)	
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc			

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