BCC

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

71-017432 SBR IT3-3

Local No. 179

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME: FIRST HALLIE MIDDLE E LAST ABBOTT
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): 5-15-71
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): WH
5a. AGE—LAST BIRTHDAY (YEARS): 61
5b. UNDER 1 YEAR MOS. DAYS:
5c. UNDER 1 DAY HOURS MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): 6-16-1909
7a. COUNTY OF DEATH: JOHNSON CO
7b. CITY, TOWN, OR LOCATION OF DEATH: FRANKLIN IND
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): JOHNSON CO. MEMORIAL HOSP.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): IND
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): SARA MANKOVITZ
12. SOCIAL SECURITY NUMBER:
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED):
13b. KIND OF BUSINESS OR INDUSTRY: JEEP COOP. AMER MOTORS

USUAL RESIDENCE WHERE DECEASED LIVED (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

14a. RESIDENCE—STATE: IND
14b. COUNTY: JOHNSON
14c. CITY, TOWN OR LOCATION: WHITELAND
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. TOWNSHIP: PLEASANT
14f. STREET AND NUMBER: 630 PARKER ST
14g. IS RESIDENCE ON A FARM? YES ☐ NO ☒

PARENTS

15. FATHER—NAME: FIRST UNKNOWN MIDDLE LAST ABBOTT
16. MOTHER—MAIDEN NAME: FIRST FANNIE MIDDLE LAST HATCHER
17a. INFORMANT—NAME: SARA ABBOTT
17b. RELATIONSHIP: WIFE
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 630 PARKER ST WHITELAND IND

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a): Acute Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF (c):

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A): Asthma — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

CERTIFIER

20a. DEATH OCCURRED (HOUR): 2:19 P.M.
20b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH 5 DAY 15 YEAR 1971 HOUR 5:05 P.M.
21a. DATE SIGNED (MONTH, DAY, YEAR): 5-15-1971
22a. CERTIFIER—NAME (TYPE OR PRINT): MERRILL WOSEMANN
22b. SIGNATURE (DEGREE OR TITLE): Merrill Wosemann MD
23. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO: 251 E. Jefferson, CITY OR TOWN: Franklin, STATE: Ind, ZIP:

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY, CREMATORY, FUNERAL HOME: G'WOOD CEM
24c. LOCATION CITY OR TOWN STATE: G'WOOD IND
FUNERAL HOME NUMBER: 756
24d. DATE (MONTH, DAY, YEAR): 5-17-71
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hawkins & Co 75 S. Madison Greenwood Ind
25b. FUNERAL DIRECTOR—SIGNATURE: Forrest E. Sutton
26a. HEALTH OFFICER—SIGNATURE: WM. D. Dinwiddie, M.D.
26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: May 17 1971