TYPE OR PRINT				78-008868	
PLAINLY WITH UNFADING INK		Local No. /	MEDICAL CERTIFICATE OF DEATH	State No.	
THIS IS A	номе 1	TYPE OR PRINT	DECEASEDNAME FIRST MIDDLE LAST SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
PERMANENT RECORD		IN	1. MA BEL M. CRABILL 2 FEMALE  RACE—re y White Black American AGE—Last Brinder UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH INTO COUNTY COUNT	3 MARCH 13, 1978	
Below for State Office Use	FUNERAL H	INK FOR INSTRUCTIONS	RACE	DELAWARE	
Delow for State Office Use	NE	SEE HANDBOOK	CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and mumber)	IF HOSP, OR INST. Indicate DOA, OP-Emer. Rm., Ingestent (Specify)	
A	FU?		TO MUNCIE 70 BALL MEMORIAL HOSPITAL  STATE OF BRITH # ON OU.S.A CITIZEN OF WHAT COUNTRY MARRIED. SURVIVING SPOUSE # OF PART OF	76 INPATIENT WAS DECEDENT EVER IN U.S.	
R / E		DECEASED	s INDIANA 9 U.S.A. 10 WIDOWED DIVORCED Specify 11	ARMED FORCES?	
1831-				JSINESS OR INDUSTRY	
C 1001	100	USUAL RESIDENCE	13 14a HOUSEWIFE 14b	AT HOME	
D	OR.	WHERE DECEASED LIVED. IF DEATH OCCURRED IN	RESIDENCE-STATE COUNTY CITY. TOWN OR LOCATION  154 INDIA NA 156 DELAWARE 156 MUNCIE		
E /8/	ECT	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	STREET AND NUMBER ' IS RESIDENCE ON A FARM'	INSIDE CITY LIMITS  SPECIFY YES OR NO!	
P 15 .	JIR.		1927 £AST 17 TH STREET 150 VES □ NO 🔯	151 YES	
F /5 &	FUNERAL DIRECTOR'S 341		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERFO RICAN, ETC  159 YES NO.XIX		
G /83/- 2017	ER/	Later S	FATHER—NAME FIRST MIDSLE 1AST MOTHER—MAIDEN NAME FIRST	MODLE LAST	
H /09/- 31	UN	PARENTS	16 WILLIAM WORTHEN 17 MAT		
			INFORMANT - NAME (1700 or 1900)  MAILING ADDRESS STREET OR RED NO CITY OR TOWN  180 NORMA ROBBINS 180 R. R. # 2 YORKTOWN	INDÍANA	
J			BURIAL CREMATION, REMOVAL, OTHER (Sector)  CEMETERY OR CREMATORY—FUNERAL HOME  LOCATION	CITY OR TOWN STATE	
	. 1	DISPOSITION	19a BURIAL 19b ELM RIDGE 19c	MUNCIE INDIANA	
1 4123	1		DATE MONTH DAY YEARS  ON MARCH 16, 1978  FUNERAL HOME - MANE AND ADDRESS  STREET OF A F D NO. C  ON MEEKS MORTUARY 415 E. WASHINGTON		
2 B LHE	. /	(	To the best of my knowledge, death occurred at the time, date and place and due to the	HOUR OF DEATH	
2 <u>8</u> 3 <u>9</u> 4 436 * Y NHOP	14	M.D.	210 Espectare Circle Circle Colleg V.D. 216 MARCH 14, 1978	21c 10:15 Pm	
436	1	OF. D.O.	NAME OF ATTENDING PHYSICIAN (Paper or Print) 214 214 215		
4	Ŋ		MAILING ADDRESS - PHYSICIAN		
5 R	V	,	420 W. WASHINGTON ST, MUNCIE,	IN.	
6	1/2		HEALTH OFFICER - SHOWATHAN	IAR 16 1978	
7	w V	CONDITIONS IF ANY WHICH GAVE	226 While G. Editain M. D. 226 W. 1878 AMERICA CONTROL OF THE LOS	nerval between onset and death	
. 22 🖼	OR.	RISE TO IMMEDIATE CAUSE STATING THE	ART IN Cardine Colly times	Ihom	
8 22 NAME	ECT	UNDERLYING CAUSE LAST	DUE TO OR AS A CONSCIDENCE OF	Interval between onset and death	
Disposition Permit	DIR	<b>└</b> →	DI Cuttineselnota fecut Process	Interval between onset and death	
Issued / / Provisional	AL URI	CAUSE	1 comerchant Continuoschussing	chans	
Disposition Permit Issued / / Provisional Certificate No	FUNERAL DIRECTOR'S SIGNATURE		art other scarical constant continues continue continues are not not relieved as cases are in PART 1881.	AUTOPSV /Specify Yes or Not	
N N N N N N N N N N N N N N N N N N N	FUN	,	IBH 06-003 EV. 10/77	NO	
	_		10.77		
	229835				