

78-008868

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Disposition Permit Issued 1/1 Provisional Certificate Yes No

EMBALMER'S NAME JOHN A. HOLBERT FUNERAL DIRECTOR'S SIGNATURE

Local No. 78-255

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME MABEL M. CRABILL SEX FEMALE DATE OF DEATH MARCH 13, 1978 RACE WHITE AGE 78 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH 7 1 1899 COUNTY OF DEATH DELAWARE CITY, TOWN OR LOCATION OF DEATH MUNCIE HOSPITAL OR OTHER INSTITUTION BALL MEMORIAL HOSPITAL IF HOSP OR INST INPATIENT INPATIENT STATE OF BIRTH INDIANA CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SURVIVING SPOUSE WIDOWED USUAL RESIDENCE HOUSEWIFE KIND OF BUSINESS OR INDUSTRY AT HOME RESIDENCE - STATE INDIANA COUNTY DELAWARE CITY, TOWN OR LOCATION MUNCIE STREET AND NUMBER 1927 EAST 17 TH STREET IS RESIDENCE ON A FARM? YES NO IS DECEASED OF SPANISH DESCENT? YES NO FATHER - NAME WILLIAM WORTHEN MOTHER - MAIDEN NAME MATTIE KLINGER INFORMANT - NAME NORMA ROBBINS MAILING ADDRESS R. R. # 2 YORKTOWN INDIANA BURIAL, CREMATION, REMOVAL, OTHER BURIAL CEMETERY OR CREMATORY - FUNERAL HOME ELM RIDGE MUNCIE INDIANA DATE MARCH 16, 1978 FUNERAL HOME MEEKS MORTUARY 415 E. WASHINGTON ST. MUNCIE, IN. SIGNATURE Arthur R. Boberg M.D. DATE SIGNED MARCH 14, 1978 HOUR OF DEATH 10:15 PM NAME OF ATTENDING PHYSICIAN ARTHUR R. BOBERG, M.D. MAILING ADDRESS - PHYSICIAN 420 W. WASHINGTON ST., MUNCIE, IN. HEALTH OFFICER - SIGNATURE Date Received by Local Health Officer MAR 16 1978 IMMEDIATE CAUSE Cardiac Arrhythmia Interval between onset and death 1 hour DUE TO OR AS A CONSEQUENCE OF Anteroseptal Acute Myocardial Infarction Interval between onset and death Years DUE TO OR AS A CONSEQUENCE OF Biventricular Cardiomegaly Interval between onset and death Years OTHER SIGNIFICANT CONDITIONS recent sickle cell disease and anemia

SBH 06-003 REV. 10/77