ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

95-033000

Local No. CH-54-55

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): NORMA KELLEY
2. SEX: FEMALE
3a. TIME OF DEATH: 11:59 PM
3b. DATE OF DEATH (Month, Day, Yr): July 30, 1995
4. *SOCIAL SECURITY NUMBER:
5a. AGE—Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): January 7, 1914
7. BIRTHPLACE (City and State or Foreign Country): Texas
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): Culver Union Hosp. 1910 Lafayette Rd.
9c. CITY, TOWN, OR LOCATION OF DEATH: Crawfordsville
9d. COUNTY OF DEATH: Montgomery
10. MARITAL STATUS (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Billing Clerk
12b. KIND OF BUSINESS/INDUSTRY: Transon Trucking Company
13a. RESIDENCE—STATE: IN
13b. COUNTY: Fountain
13c. CITY, TOWN, OR LOCATION: (Yeddo) Kingman
13d. STREET AND NUMBER: 49 E. Coffman Rd.
13e. ZIP CODE: 47952
13f. INSIDE CITY LIMITS [X] No [ ] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.): No
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Sylvester H. Bonebrake
19. MOTHER'S NAME (First, Middle, Maiden Surname): Grace Fox

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Patricia S. Tharp
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 25 Coffman Rd Kingman, IN 47952
20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 3, 1995 Centennial Cemetery
21c. LOCATION—City or Town, State: 1 mile E. of Yeddo, IN
22a. EMBALMER'S NAME: Charles O. Woodrow
22b. EMBALMER'S LICENSE NO.: 104627
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Charles O. Woodrow
24b. LICENSE NUMBER (of Licensee): 104627
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Woodrow Funeral Home #200 3784 P.O. Box 298 Kingman, IN 47952-0298

CAUSE OF DEATH

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. Cerebral Vascular Accident
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: HTN; CHF & dvid ft ↓

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)

CERTIFIER

29a. CERTIFIER (Check only one):
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] 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.
[ ] 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.

29b. SIGNATURE AND TITLE OF CERTIFIER: Carl B. Howland MD
29c. MEDICAL LICENSE NO.: 21509 IN
29d. DATE SIGNED (Month, Day, Year): 8/1/95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): CARL B. HOWLAND M.D. 1500 DARLINGTON AVE. CRAWFORDSVILLE IN.

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Carl B. Howland M.D.
32. DATE FILED (Month, Day, Year): Aug. 3, 1995

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
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.

Indiana, Death Certificates, 1899-2011 for Grace Bonebrake

Record Index

Name: Grace Bonebrake
Maiden Name: Fox
Gender: Female
Race:
Age:
Marital Status:
Birth Date:
Birth Place:
Death Date:
Death Place:
Father:
Mother:
Spouse: Sylester H Bonebrake
Child: Norma Kelley

Source Information

Record Url: http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=IndianaVitalsDeaths&h=750165478

Source Citation: Indiana Archives and Records Administration; Indianapolis, IN, USA; *Death Certificates;* Year: *1995;* Roll: *14*

Source Information: Ancestry.com. *Indiana, Death Certificates, 1899-2011* [database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2015.
Original data: Indiana State Board of Health. Death Certificates, 1900–2011. Microfilm. Indiana Archives and Records Administration, Indianapolis, Indiana.