

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

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

70-043768
SBH 13-3

400 369877
6 427 376
2304
Local No.

State No.

Below for State Office Use

A 02
B -
C 3871
D 0
E 4123
F 6
G 6
H 700
I 9

EMBALMERS NAME David C. Sharts
LICENSE NO. 346

FUNERAL DIRECTORS LICENSE NO. 355

DECEASED—NAME		FIRST SHERMAN	MIDDLE T.	LAST HOPPER	SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 12/15/70
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) 82	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 4/16/88	COUNTY OF DEATH Allen
CITY, TOWN, OR LOCATION OF DEATH Fort Wayne		INSIDE CITY LIMITS (SPECIFY YES OR NO) 16S		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) VA HOSPITAL 1600 Randalia Ft. Wayne, Ind. 46805		
DECEASED		STATE OF BIRTH (IF NOT IN U.S.A.) Ohio		CITIZEN OF WHAT COUNTRY U.S.A.		11. WIDOWED, NEVER MARRIED, DIVORCED, SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) None
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired laborer		13b. KIND OF BUSINESS OR INDUSTRY
RESIDENCE—STATE Indiana		14a. COUNTY Jay	14c. CITY, TOWN OR LOCATION Dunkirk		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	14e. TOWNSHIP
STREET AND NUMBER 231 Ohio Street		14f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
FATHER—NAME JAMES		MIDDLE A.	LAST HOPPER (D)	MOTHER—MAIDEN NAME EMMIE WOOD (D)		
INFORMANT—NAME VA HOSPITAL RECORDS		RELATIONSHIP None		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) VA HOSPITAL 1600 Randalia Ft. Wayne, Ind		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 46805
IMMEDIATE CAUSE		(a) Congestive heart failure				48 hrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Arteriosclerotic heart disease with auricular fibrillation				9 yrs.
CAUSE		(c)				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE Pylonephritis due to pseudomonas; Adenocarcinoma of the prostate; Diabetes Mellitus; Glaucoma, right eye; pulmonary emphysema.				AUTOPSY (YES OR NO) 19a. No.
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.						
DEATH OCCURRED (HOUR) 9:30a		THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 12 15 70		DATE SIGNED (MONTH, DAY, YEAR) 9:30a 21h Dec. 19, 1970		
CERTIFIER—NAME (TYPE OR PRINT) ONOPRE VILLANEUVA, M.D.		SIGNATURE <i>Onopre Villaneuva, M.D.</i>				(DEGREE OR TITLE)
MAILING ADDRESS—CERTIFIER VA HOSPITAL 1600 Randalia Ft. Wayne Indiana 46805		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY, CREMATORY, FUNERAL HOME Jones Cemetery		LOCATION Farmers Kentucky		FUNERAL HOME NUMBER 1400P
DATE (MONTH, DAY, YEAR) 12/18/70		FUNERAL HOME—NAME AND ADDRESS Martins Funeral Home, Dunkirk, Indiana		CITY OR TOWN STATE ZIP		
FUNERAL DIRECTOR—SIGNATURE		HEALTH OFFICER—SIGNATURE <i>A.P. Hatterleaf</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 12/21/70		
25b. --		26a.		26b.		

Disposition Permit Issued
Provisional Certificate
 Yes No