1155

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

Below for State Office Use

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Permit

EMBALMER'S NAME David Gerber LICENSE No. 4326 FUNERAL HOME

FUNERAL DIRECTOR'S SIGNATURE Lee Nichols FUNERAL DIRECTOR'S LICENSE No. 2468 No. 36

Local No. 1107

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Death No. 74-009804

DECOMPOSED

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Zeta M. Cauley
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): February 18, 1974
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 74
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN
6. DATE OF BIRTH (MONTH, DAY, YEAR): Apr. 27, 1899
7. COUNTY OF DEATH: Marion
7b. CITY, TOWN, OR LOCATION OF DEATH: Indianapolis
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6160 Shelbyville
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Indiana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): never married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): --
12. SOCIAL SECURITY NUMBER: --
12a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): retired-30yrs.
12b. KIND OF BUSINESS OR INDUSTRY: Allisons
13. USUAL RESIDENCE WHERE DECEASED LIVED (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION): --
14a. RESIDENCE—STATE: Indiana
14b. COUNTY: Marion
14c. CITY, TOWN OR LOCATION: Indianapolis
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. TOWNSHIP: Franklin
14f. STREET AND NUMBER: 6160 Shelbyville
14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
14h. IS RESIDENCE ON A FARM? YES ☐ NO ☒

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): Frank Cauley
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Mary Finnertz
17a. INFORMANT—NAME: Mary E. Jones
17b. RELATIONSHIP: cousin
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2342E.LaGrande,Indpls.Ind.

CAUSE

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. 963x
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
IMMEDIATE CAUSE (a) Postural asphyxia
DUE TO, OR AS A CONSEQUENCE OF (b) Postural Asphyxia
DUE TO, OR AS A CONSEQUENCE OF (c)

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

19a. AUTOPSY (YES OR NO): 4
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: --

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): Homicide
20b. DATE OF INJURY (MONTH, DAY, YEAR): about 2-14-74
20c. HOUR: unknown A.M. P.M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): Hands & Feet Tied & Gagged.
20e. INJURY AT WORK (SPECIFY YES OR NO): No
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Home
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 6160 Shelbyville Rd. Indianapolis Ind.

CERTIFIER

CORONER'S CERTIFICATION: R ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

21a. DEATH OCCURRED (HOUR): A.M.
21b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH February DAY 18 YEAR 1974 HOUR 11:00 A.M.
21c. DATE SIGNED (MONTH, DAY, YEAR): February 18, 1974
22a. CERTIFIER—NAME (TYPE OR PRINT): Dennis Nicholas, M.D.
22b. SIGNATURE: D Nicholas, M.D.
(DEGREE OR TITLE)
23. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO. 521 City-County Building; CITY OR TOWN: Indianapolis; STATE: Indiana; ZIP: 46204

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY, CREMATORY, FUNERAL HOME: Holy Cross Cem.
24c. LOCATION: CITY OR TOWN: Indpls.; STATE: Ind.
24d. DATE (MONTH, DAY, YEAR): 2-21-74
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Little&SonsFuneralHome,1301MainSt.Beech Grove,Ind.46107
25b.
26a. SIGNATURE OF HEALTH OFFICER: [illegible]
26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: FEB 20 1974

SBH—113-4