

INDIANA STATE BOARD OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

Local No. ~~2113~~ 2113
Death No. 15557

1. PLACE OF DEATH a. COUNTY Marion 149		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission a. STATE Indiana b. COUNTY Marion	
b. CITY OR TOWN Indianapolis		c. CITY (If outside corporate limits, write RURAL) Indianapolis 149	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincents Hospital 552		d. STREET ADDRESS 439 Eastern Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) c. (Last) HUSSEY		4. DATE (Month) (Day) (Year) OF DEATH 5 18 19 49	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept. 6, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired City		10b. KIND OF BUSINESS OR INDUSTRY 9 Fireman	9. AGE (In years) 80
11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Hussey		14. MOTHER'S MAIDEN NAME Hannah Gordon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 0 (Yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT (NAME AND ADDRESS) Timothy Casserly - 439 Eastern		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* FRACTURE LEFT HUMERUS		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication from which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		I. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
Moist conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) COLLAPSED BODY OF 6th THORACIC VERTEBRAE, OLD INJURY	
II. OTHER SIGNIFICANT CONDITIONS		FELL TO SIDEWALK IN FRONT OF HOME	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION FRACTURING LEFT HUMERUS - ACCIDENTAL	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) ACCIDENTAL	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME - SIDEWALK		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) INDIANAPOLIS 149 MARION INDIANA	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 21 49 9:40 a.m.		21e. INJURY OCCURRED White at Work <input type="checkbox"/> Not White at Work <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? FELL TO SIDEWALK IN FRONT OF HOME FRACTURING LEFT HUMERUS		22a. ATTENDING PHYSICIAN: I certify that I attended the deceased from 19__ to 19__, and that death occurred at M from causes stated and on above date.	
22b. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at 4:50 AM from causes stated and on above date.		23a. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER: Bruce F. Kumpf	
23b. ADDRESS Indianapolis 6/7/49		23c. DATE SIGNED 5-18-49	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/49	
24c. NAME OF CEMETERY OR CREMATORY Holy Cross		24d. LOCATION Indianapolis, Indiana	
DATE RECD BY LOCAL HEALTH OFFICER 5-19-49		SIGNATURE OF HEALTH OFFICER: Gerald F. Heath	
25. FUNERAL DIRECTOR Feeney & Feeney 2339 N. Meridian		ADDRESS	

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED
 EMBALMER'S NAME: David R. Gerber
 LICENSE No. 4326
 FUNERAL DIRECTOR'S LICENSE No. 591

SBH 6-24-2

"Indiana, Death Certificates, 1899-2011," database and images, Ancestry.com, Peter Hussey, image copy, citing Indiana Archives and Records Administration, Death Certificates 1949, roll 6.

Indiana, U.S., Death Certificates, 1899-2011

Record Index

Name: Peter Hussey
Maiden Name:
Gender: Male
Race: White
Age: 80
Marital Status: Widowed
Birth Date: 6 Sep 1868
Birth Place: Indiana
Death Date: 18 May 1949
Death Place: Indianapolis, Marion,
Indiana, USA
Death Registration Date: 1949
Father: Edward Hussey
Mother: Hannah Hussey

Source Information

Record Url: https://www.ancestry.com/imageviewer/collections/60716/images/45232_354482-00558

Source Citation: Indiana Archives and Records Administration; Indianapolis, IN, USA; Death Certificates; Year: 1949; Roll: 06

Source Information Ancestry.com. *Indiana, U.S., 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.