

23938

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PERMANENT
RECORD

Om 363069

23938

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

Local No. 312-69

State No. 5

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Elma Mae Pearl Beedle F 3. 6-27-69

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White AGE—LAST BIRTHDAY (YEARS) 5a. 69 UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOUR MIN. 5b. DATE OF BIRTH (MONTH, DAY, YEAR) 6. 4-2-1900 COUNTY OF DEATH 7c. Lake

7b. Roper INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Our Lady of Mercy HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

8. Indiana STATE OF BIRTH (IF NOT IN U.S.A. & CITIZEN OF WHAT COUNTRY 9. U.S.A. 7d. Cur Lady of Mercy MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. William G. Beedle

12. 367-56-8049 SOCIAL SECURITY NUMBER 13a. Manager USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13b. Coffee Shop KIND OF BUSINESS OR INDUSTRY

14a. Lake CITY, TOWN OR LOCATION 14b. Cedar Lake INSIDE CITY LIMITS (SPECIFY YES OR NO) 14c. no TOWNSHIP 14d. Center

14f. RR2 Box 100 IS RESIDENCE ON A FARM? 14e. YES NO

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STOP



Disposition Permitted Issued 1/1 Provisional Certificate Yes No

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Rudolph - Wisniewski 16. Sarah - Morris

INFORMANT—NAME 17a. William Beedle RELATIONSHIP 17b. Husband MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. RR2 Box 100 Cedar Lake Ind 46505

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a) Diabetic acidosis 12 hrs (b) Diabetes mellitus 11 yrs (c) Other significant conditions contributing to death but not related to cause: Atherosclerosis, Cholelithiasis

19. Autopsy (YES OR NO) 20. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. 70

DEATH OCCURRED (HOUR) 20a. M. 20b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 20c. DATE SIGNED (MONTH, DAY, YEAR) 20d. JUL 15 1969

CERTIFIER—NAME (TYPE OR PRINT) 21a. Donald C. Miller, M.D. SIGNATURE (IF FREE OR TITLE) 21b. [Signature] (IF FREE OR TITLE) 21c. [Signature]

22. RR2 Box 337. CITY OR TOWN 22a. Cedar Lake INDIANA 22b. 46303

BURIAL, CREMATION, REMOVAL (SPECIFY) 23a. Burial CEMETERY, CRYSTALLINE, FUNERAL HOME 23b. Lowell LOCATION CITY OR TOWN STATE 23c. Lowell Ind 23d. 82

24. 6-30-69 (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS 24a. Elder Brady RR3 Box 451 Cedar Lake Ind 46503

25a. M.D. Brady FUNERAL DIRECTOR—SIGNATURE 25b. A. J. Suggs, M.D. HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. June 30, 1969

