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Below for State Office Use

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

Form No. 516-65

State No.

1. PLACE OF DEATH a. COUNTY: Lake b. CITY, TOWN, OR LOCATION: Highland c. Length of Stay in 1b: 20 Years d. NAME OF HOSPITAL OR INSTITUTION: 9216 Kennedy Ave. e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [] NO []

2. NAME OF DECEASED: Clyde Edwin Whiston f. SEX: Male g. COLOR OR RACE: Caucasian h. DATE OF DEATH: 10-17-1965 i. DATE OF BIRTH: 12-31-1901 j. AGE: 63 k. BIRTHPLACE: West Virginia l. CITIZENSHIP: U.S. of A. m. SOCIAL SECURITY NO.: 306-10-4885 n. INFORMANT'S NAME: Mr. Robert Whiston

18. CAUSE OF DEATH: PART I. DEATH WAS CAUSED BY: Coronary Occlusion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: NONE

23. ATTENDING PHYSICIAN: I certify that I attended the deceased from 12:00 Noon to Death occurred at 12:00 Noon on 10-20-1965. Signature: Daniel G. Barnoske, M.D. 24. BURIAL, CREMATION, REMOVAL (Specify): Burial 25. DATE: 10-21-1965 26. NAME OF CEMETERY OR CREMATORY: Chapel Lawn Mem. Gdns. 27. LOCATION: Crown Point, Ind.



Disposition Permit Issued 10/20/65 Provisional Certificate Yes No

Part of EQ W2 SE NW Sec. 28 T. 36 R. 9 .195 Ac. Key 27-20-13