

50822

com 559369 - Lorenzetti
P.C.C.
Local No. 69 0629 50822

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

PRINT WITH INK
PERMANENT INK
SEE HANDBOOK FOR INSTRUCTIONS

EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE
James Krause
FURNAL HOME No. 306
FURNAL DIRECTOR'S LICENSE No. 2012
FURNAL HOME No. 306

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

1. James E. Phillips 2. male 3. May 1, 1969

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. white 5a. 30 5b. 5c. 8/15/1918 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Gary 7c. yes 7d. Mercy Hospital

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Alabama 9. U.S.A. 10. Frances E. Phillips (Dill)

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE) KIND OF BUSINESS OR INDUSTRY

11. 417 05 8641 12. Foreman Coke Plant 13. Coke Plant-USSteel

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Ind. 14b. Lake 14c. Hobart 14d. yes 14e. Hobart

14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14g. yes W.W. 2 14h. YES NO

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

15. Robert Phillips 16. Ida Jones

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Frances E. Phillips 17b. wife 17c. 4416 16th St. Hobart, Ind. 46342

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

18. IMMEDIATE CAUSE (a) *Meningeal* 3 mo
(b) *Benign intracranial hypertension* unknown
(c) *Metastatic adenocarcinoma from colon* 5 yr

CAUSE OF DEATH (a) (b) (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

19a. YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES NO

DATE OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. 5-1-1969 7:00 AM 21a. 5-2-1969

PHYSICIAN'S NAME (TYPE OR PRINT) SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)

22a. JOHN O. CARTER 22b. John O. Carter M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 295 S. WISCONSIN ST. HOBART, INDIANA 46342

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

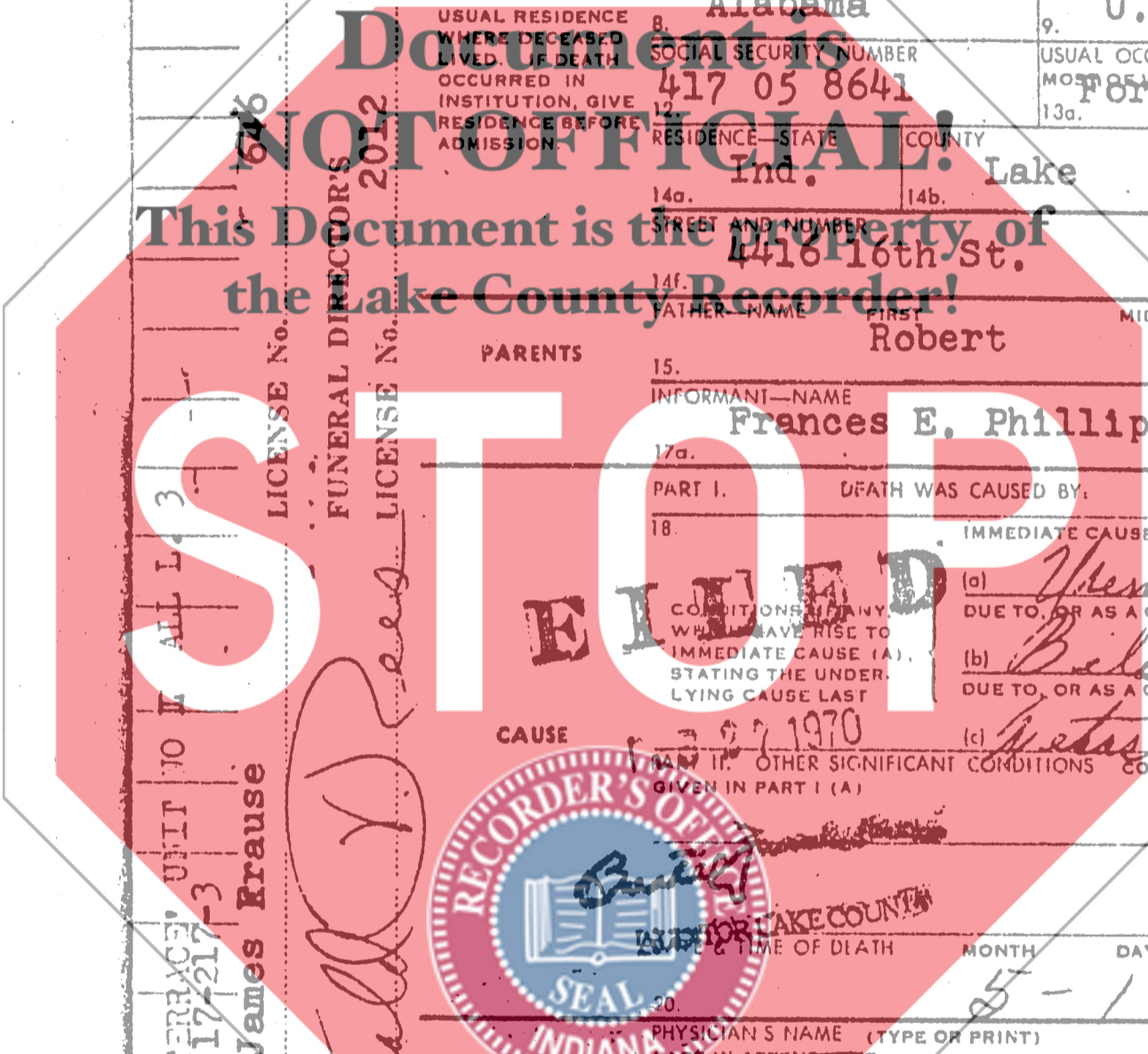
24a. burial 24b. Evergreen 24c. Hobart Ind.

DISPOSITION DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

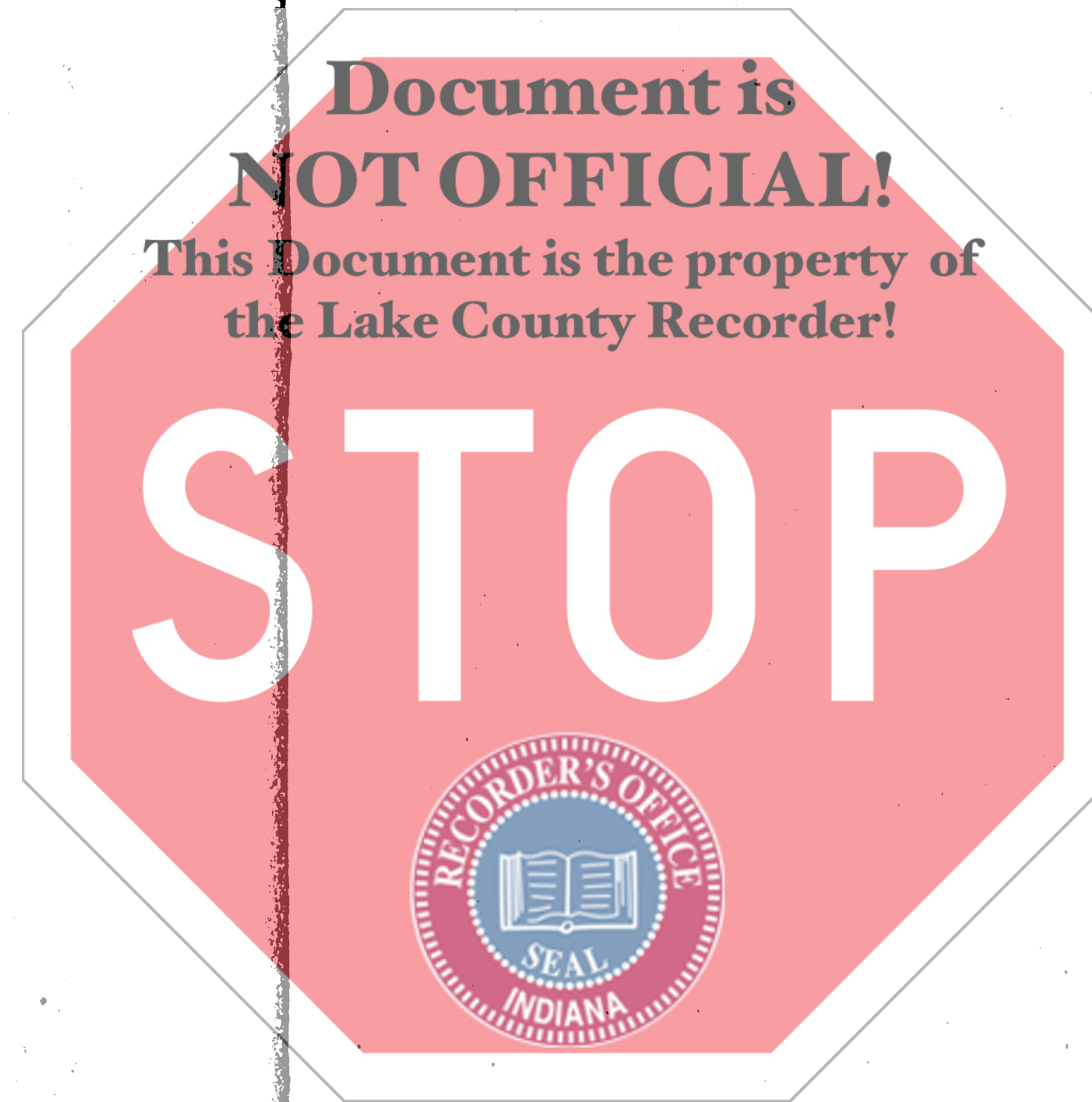
24d. 5/3/1969 25a. Rees Funeral Home 600 W. Ridge Road Hobart, Ind.

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. 26a. *J. Rosenblum* 26b. MAY 2 1969



50822



*ND
22*

CERTIFIED COPY
V. Rosenblum
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE MAY 2 ... 1969 ...