58549

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

58549

Dale L. Blacklidge
12913 Clark St
Cr. Pt., Ind.

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

Local No. 491-67   State No.

534

1. PLACE OF DEATH a. COUNTY: Lake	2. USUAL RESIDENCE a. STATE: Ind. b. COUNTY: Lake
b. CITY, TOWN, OR LOCATION: Dyer c. Length of Stay in 1b: 3 days	c. CITY, TOWN, OR LOCATION: Crown Point
d. NAME OF HOSPITAL OR INSTITUTION: Our Lady of Mercy	d. STREET ADDRESS: P. O. Box 242
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☑ NO ☐	e. IS RESIDENCE INSIDE CITY LIMITS? YES ☑ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☑

3. NAME OF DECEASED (Type or print): First Thelma Middle L. Last Blacklidge
4. DATE OF DEATH: Dec. 8, 1967
5. SEX: Female 6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 17, 1930
9. AGE (In years last birthday): 37
10a. USUAL OCCUPATION: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Plainfield, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Hibbert
14. MOTHER'S MAIDEN NAME: Stella Gruber
15. WAS DECEASED EVER IN U. S. ARMED FORCES?
16. SOCIAL SECURITY NO.
17a. INFORMANT'S NAME: Dale Blacklidge
17b. INFORMANT'S ADDRESS: P. O. Box 242, Crown Point, Ind.
17c. RELATIONSHIP TO DECEASED: Husband

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: one day
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Diabetes acidosis — 2 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED.
20c. TIME OF INJURY Hour a.m. p.m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from 12:00 to 12:15 and last saw her alive on 12:15. Death occurred at 12:15 M on the date stated above; and to the best of my knowledge, from the causes stated.
21b. Signature: [signature] M.D. 21c. ADDRESS: Cedar Lake, Ind. 21d. DATE SIGNED: 12-8-67

22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at ____ M ☐ E.S.T. ☐ C.S.T. from causes stated and on above date.

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial 22b. DATE: Dec. 12, 1967
22c. NAME OF CEMETERY OR CREMATORY: Weston Cemetery 22d. LOCATION: Rensselaer, Ind.
DATE REC'D BY LOCAL HEALTH OFFICER: Dec. 9, 1967
SIGNATURE OF HEALTH OFFICER: G. F. Graybeal
23. FUNERAL DIRECTOR ADDRESS: Gramlung Funeral Home - Rensselaer

Disposition Permit Issued 12/9/67
Provisional Certificate ☐ Yes ☐ No

FUNERAL DIRECTOR'S LICENSE NO.

COMPLETE COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 9 1967
G. F. Graybeal
LAKE COUNTY HEALTH COMMISSIONER

FILED 1970
AUDITOR LAKE COUNTY

S.B.H.—4-64-6—Revised 1964 U. S. Department Health, Education and Welfare Form Approved Budget Bureau No. 68-R676