

65071

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

Local No. 984/65071

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

P.O. Box 115
Griffith Ind.
State No. 604

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. IRVIN D. WALTERS 2. MALE 3. 11-19-1968

RACE WHITE; NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 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. 78 5b. 5c. 6. 8-16-1890 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. HAMMOND 7c. YES 7d. ST. MARGARET HOSPITAL

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. INDIANA 9. USA 10. MARRIED 11. ANNA

USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. 708-01-0955A 13a. SECTION FOREMAN 13b. RAILROAD

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. INDIANA 14b. LAKE 14c. GRIFFITH 14d. YES 14e. CALUMET

STREET AND NUMBER IS RESIDENCE ON A FARM?
14f. 309 S. BROAD STREET 14g. YES NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. JOHN WESLEY WALTERS MARY FRANKLIN

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. MRS. ANNA WALTERS 17b. WIFE 17c. 30950 Broad St. Griffith Ind. 4631

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) Hypertensive (bronchial) & uremic 5-6 days

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) Hypertensive illness 9 days

(c) Sepsis (bacterial) & infection 10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No 19b.

Very large vesicular vesiculorum
c large residual urine. Contracture of bladder neck

DEATH OCCURRED (HOUR) THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR) DATE SIGNED (MONTH, DAY, YEAR)
20a. 7:20 P.M. 20b. Nov. 19 1968 7:20 P.M. 21a. J. L. Arrowsmith

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)
22a. Dr. J. L. Arrowsmith 22b.

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
513 Ridgeroad Munster, Indiana

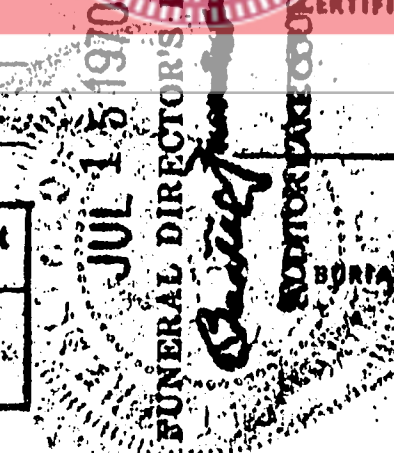
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER
24a. BURIAL 24b. CHAPEL LAWN 24c. Rt. 2 Crown Point Ind. 275

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 11-22-1968 25a. Johnston-Rence 243 N. GRIFFITH BLVD IND

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. Raymond J. Royer 26a. Frankanski 26b. NOV 22 1968

SBH 6-2472

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE MEDICAL CERTIFICATE OF DEATH. THIS DOCUMENT IS THE PROPERTY OF THE LAKE COUNTY RECORDER. ORIGINAL FILED IN HEALTH DEPT. NOV 22 1968. HAMMOND HEALTH COMMISSIONER. ORIGINAL TOwn 1A, 27 BL. 18. GROSS POINT 1.6 BL. 4 L. 28. GROSS POINT 1.6 BL. 4 L. 15-51-6. FUNDRAISER'S NAME: Raymond J. Royer. LICENSE NO. 2136. FUNDRAISER'S OFFICE: HEALTH DEPT. ORIGINAL FILED IN HEALTH DEPT. NOV 22 1968.



Disposition Permit Issued
Provisional Certificate
 Yes No