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B I L L E D

1328 Iowa
C.P.

Local No. 650

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
CORONER'S CERTIFICATE OF DEATH

Death No.

1. PLACE OF DEATH
a. COUNTY Lake
b. CITY, TOWN, OR LOCATION Hammond
c. Length of stay in this city, town, or location 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Indiana b. COUNTY Lake
c. CITY, TOWN, OR LOCATION Crown Point
d. STREET ADDRESS RR 1, Box 94B

3. IS PLACE OF DEATH INSIDE CITY LIMITS?
YES NO

4. IS RESIDENCE ON A FARM?
YES NO

1. NAME OF DECEASED
First WILBUR Middle P. Last BLOCKER
Sex Male Race White Marital Status Never Married
2. DATE OF BIRTH Feb. 24, 1913
3. AGE (In years, last birthday) 53 Months 0 Days 0 Hours 0 Min. 0

4. FATHER'S NAME Dispatcher
5. MOTHER'S MAIDEN NAME Clara Fisher
6. BIRTHPLACE (State or foreign country) Indiana
7. COUNTRY OF WHAT COUNTRY? USA

17a. INFORMANT'S NAME Mrs. Virginia Blocker
17b. INFORMANT'S ADDRESS RR1, Box 94B, Crown Point, Indiana
17c. RELATIONSHIP TO DECEASED Wife

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH CAUSED BY IMMEDIATE CAUSE (a) Rupture of Heart
DUE TO (a) Fracture of Sternum
DUE TO (b) Myocardium
DUE TO (c) Car accident
INTERVAL BETWEEN ONSET AND DEATH Immediate

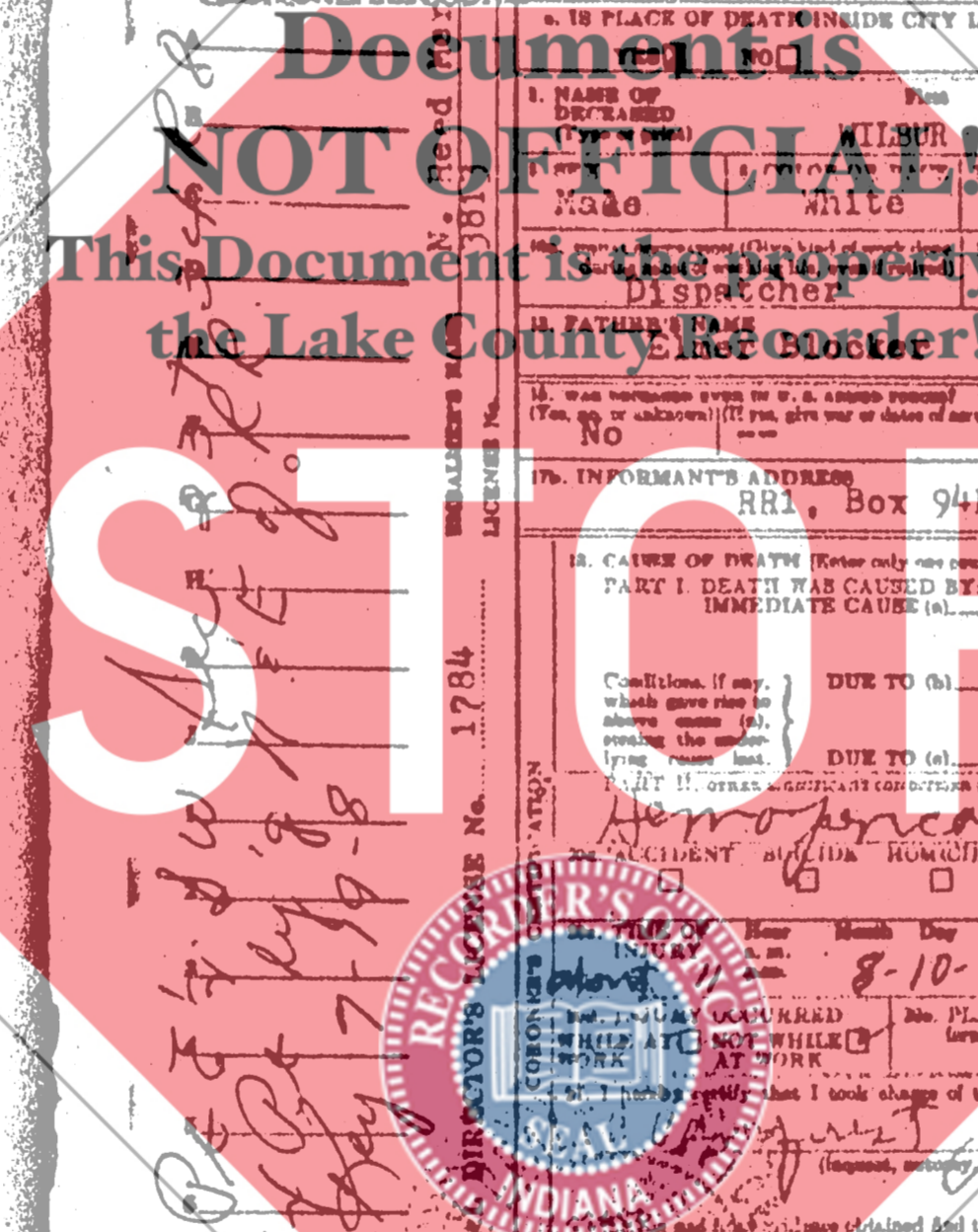
19. TYPE OF INJURY
a. ACCIDENT b. HOME c. HOMICIDE
20. DESCRIBE HOW INJURY OCCURRED (Enter history of injury in Part I or Part II of this form.)
Car accident
21. DATE OF INJURY
Month 8 Day 10 Year 66
22. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office, etc.)
Street
23. CITY, TOWN, OR LOCATION COUNTY STATE
Scherville Lake Ind

24. SIGNATURE Joseph R. Modjeski MD
25. ADDRESS 5451 Johnson
26. DATE SIGNED 8-11-66

27. NAME OF CEMETERY OR CREMATORY Calumet Park
28. LOCATION (City, town, or county) (State) Crown Point, Ind.
29. FUNERAL DIRECTOR Franklin J. Hemmel
30. ADDRESS Merriam, Crown Point, Indiana

ISH 5-28-1 Rev. 1-62 U.S. Department Health Education and Welfare Form Approved Budget Bureau No. 62-3275-1

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Document is
NOT OFFICIAL!

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. the Lake County Recorder!

JUL 19 1966

Franklin J. Cremuda M.D.

Date issued

HAMMOND HEALTH COMMISSIONER

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