

1225

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 75-82

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____
 B _____
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FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

656911

No. 306

LICENSE No. 2012

JAN LICENSE No. 646

James J. Krause

EMBALMER'S NAME

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HAYBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

I.B.D. OR O.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME FIRST MIDDLE LAST Elmer L. Clingan				SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) January 9, 1982
RACE—(a) White, Black, American Indian, etc. (Specify)	AGE—Last Birthday (Mo.) (Yr.) 71	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOUR MIN.	DATE OF BIRTH (Mo., Day, Yr.) 12-4-1910	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION (Name if not in either, give street and number) St. Mary Medical Center		IF HOSP. OR INST., Indicate DOA, OP, etc. (See instructions) (Specify) Inpatient	
STATE OF BIRTH (If not in U.S.A. give country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify the branch) (Specify the number)
Illinois	U.S.A.	Married	Viola M. Taylor		NO
SOCIAL SECURITY NUMBER 312-05-7508		USUAL OCCUPATION (Give kind of occupation, date of retirement) Machinist		KIND OF BUSINESS OR INDUSTRY U.S. Steel - Coke Plant	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Indiana	Lake	Hobart			
STREET AND NUMBER 905 E. 6th Street					
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST James H. Clingan (Deceased)			MOTHER—MAIDEN NAME FIRST Florence Ada Jenkins (Deceased)		
INFORMANT—NAME (Type or print)		RELATIONSHIP	MAILING ADDRESS (Street or R.F.D. No.)	CITY OR TOWN	STATE
Viola Clingan, wife			905 E. 6th Street, Hobart, Indiana	46342	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—(FURNERAL HOME)		LOCATION	CITY OR TOWN STATE
Burial		Calumet Park Cemetery		Merrillville, Indiana	
DATE (MONTH, DAY, YEAR) January 13, 1982		FUNERAL HOME—(Name and address)		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
		Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart		46342-41	
To the best of my knowledge, belief, and true faith, date and place and due to the causes stated			DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH (IN)	
21a. John D. Carter M.D.			1/11/82	12:45 p.m.	
NAME OF ATTENDING PHYSICIAN (Type or Print)					
21d. John D. Carter					
MAILING ADDRESS—PHYSICIAN					
21e. 400 S. Webash Hobart IN 46342					
HEALTH OFFICER—SIGNATURE Ken Frey M.D.			DATE RECEIVED BY LOCAL HEALTH OFFICER 1-18-82		
22a. _____					
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))					
PART I (a) Respiratory Acidosis		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death approx 24 hr	
(b) pulmonary emphysema		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death 15 hr	
(c) _____		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I list)				AUTOPSY (Specify Yes or No) NO	

STATE OF INDIANA
 FILED
 JAN 21 1982
 WILLIAM BIELSKI
 RECORDER

6-cc.
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