

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

FILED

FEB 24 1982

James J. Krause
EMBALMER'S NAME

17-56-8 F.H. Barnes 2nd Burial
L. 17, 18 + 19 B.C. 5

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

FUNERAL HOME
No. 306
FUNERAL DIRECTOR'S
LICENSE No. 2012
FUNERAL DIRECTOR'S
LICENSE No. 646
JAMES J. KRAUSE
EMBALMER
DENALD V. REAS
FUNERAL DIRECTOR'S
SIGNATURE

660176

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Dates
116 Chapel Square N
7863 Barnes
men
Death No.

Local No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS			DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
1. Leslie Mae Flick			2. Female			3. June 17, 1972					
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH					
4. White		5a. 49	5b.	5c.	6-28-1922	Porter					
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. Valparaiso			7c. Yes	7d. Porter Memorial 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. Mississippi			9. U.S.A.		10. Married		11. Cleatus Flick				
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.			SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 428-22-3041			13a. Homemaker			13b. None					
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP—					
14a. Indiana		14b. Lake	14c. Hobart		14d. Yes	14e. Hobart					
STREET AND NUMBER				14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15 RESIDENCE ON A FARM?					
14f. 3845 Barnes Street				14g. No		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST								
15. Everett Lindsey (Dec.)			16. Mae Britt								
INFORMANT—NAME			RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
17a. Cleatus Flick			17b. Husband		17c. 3845 Barnes St., Hobart, Ind.						
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) <i>Acute Cardiac Arrest due to Suffering</i>					19a. 14 min			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST			(b) <i>Basilar Distention of throat by retraction of tongue.</i>								
			(c) <i>Temporary unconsciousness due to diabetic coma</i>								
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)			CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH?			
- <i>Autopsy + toxicology findings were negative -</i>						19a. ye		19b. NO			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)							
20a. NATURAL		20b. 6/17/1972	?	20c. NATURAL CAUSES							
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
20a. NO		20f. HOME	20g. P.O. 3845 BARNES HOBART IND 4634								
CORONER'S CERTIFICATION										R— ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED	
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR			DATE SIGNED (MONTH, DAY, YEAR)						
21a. 6:00 A.		21b. 6/17/1972			21c. 6:45 A M. 6/24/1972						
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE			DEGREE OR TITLE					
22a. LEONARD L. WETMORE			<i>Leonard L. Wetmore</i>			CORONER					
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
23. P.O. Box 210-106 ROOSEVELT RD			VALPARAISO		IND.		IND.		46383		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME			LOCATION CITY OR TOWN STATE						
24a. Burial		24b. Evergreen Cemetery			24c. Hobart, Indiana						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
24d. June 20, 1972		25a. Reas Funeral Home, 600 W. Ridge Rd., Hobart, Ind. 46342									
SIGNATURE OF HEALTH OFFICER					DATE RECEIVED BY LOCAL HEALTH OFFICER:						
25b. <i>C. J. ...</i>					26b. June 26, 1972						

400

HEALTH OFFICE

W. J. ...

PORTER COUNTY HEALTH DEPT.
Valparaiso, Indiana
THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

