

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 734-82

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

686132

Below for State Office Use

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Reg # 18-135-24 Ridgewood Add.

16.00
13.00
1.00

James O. Krause

EMBALMER'S NAME James J. Krause

FUNERAL DIRECTOR'S SIGNATURE *[Signature]*

FUNERAL HOME LICENSE No. 2012
FUNERAL DIRECTOR'S LICENSE No. 2012
FUNERAL HOME No. 306

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

COUNTY HEALTH COMMISSIONER

DECEASED—NAME 1. General Harold Miller			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 23, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yr.) 5a. 50	UNDER 1 YEAR 5b. 50	UNDER 1 DAY 5c. 50	DATE OF BIRTH (Mo., Day, Yr.) 6. 11-13-1931
CITY, TOWN OR LOCATION OF DEATH 7b. Hobart		HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number) 7c. St. Mary Medical Center		COUNTY OF DEATH 7a. Lake
STATE OF BIRTH (If not in U.S.A. name country) 8. Alabama	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Cynthia Grove	
SOCIAL SECURITY NUMBER 13. 420-38-8577		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. General Foreman		KIND OF BUSINESS OR INDUSTRY 14b. U.S. Steel Works
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hobart		
STREET AND NUMBER 15d. 3845 Evergreen Street			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. General Lonnie Miller			MOTHER—MAIDEN NAME 17. Lucille Allen	
INFORMANT—NAME (Type or Print) 18a. Cynthia Miller, wife		RELATIONSHIP 18b. wife		
MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18c. 3845 Evergreen Street, Hobart, Indiana 46342				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calvary Cemetery		LOCATION CITY OR TOWN STATE 19c. Portage, Indiana
DATE (MONTH DAY YEAR) 20a. October 26, 1982		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart		
To the best of my knowledge, death occurred at the time, date and place and duration (as stated) 21a. (Signature) <i>[Signature]</i>			DATE SIGNED (Mo., Day, Yr.) 21b. 10/25/82	HOUR OF DEATH IN 46342-4 21c. 11:30 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. John O. Carter M.D.				
MAILING ADDRESS—PHYSICIAN 21e. 295 Wisconsin Street, Hobart, Indiana 46342				
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 10-27-82	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)). PART I (a) Bilateral pneumonia. DUE TO OR AS A CONSEQUENCE OF (b) Pleural effusions and pulmonary metastases. DUE TO OR AS A CONSEQUENCE OF (c) Carcinoma of stomach.				
CONDITIONS (IF ANY) WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 24. No			INTERVAL BETWEEN ONSET AND DEATH 24. Three months	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not reported to cause given in PART I (a)				

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