

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

Below for State Office Use

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FILED
DEC 21 1982
State of Indiana
Arthur H. Olson
FUNDAL DIRECTOR'S LICENSE No. 2130

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Disposition Permit
Issued 1/1
Provisional
Certificate
 Yes No

ADDRESSEE'S NAME
ARTHUR H. OLSON
LICENSE No. 4374

691080
62-0800

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

State No.

Local No.

1. PLACE OF DEATH a. COUNTY Lake		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana		b. COUNTY Lake	
b. CITY, TOWN, OR LOCATION Gary		c. Length of Stay in 1b 4 Days		c. CITY, TOWN, OR LOCATION East Gary	
d. NAME OF HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS 2760 Grand Blvd			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Ray Skeen			4. DATE OF DEATH Month Day Year June 16 1962		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15 1913	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Auto Body Shop		11. BIRTHPLACE (State or foreign country) Illinois	
13. FATHER'S NAME Willie Skeen			14. MOTHER'S MAIDEN NAME Winnie Crane		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		18. SOCIAL SECURITY NO. 304-14-8325		17a. INFORMANT'S NAME Mrs. Dorothy Skeen	
17b. INFORMANT'S ADDRESS 2760 Grand Blvd East Gary, Indiana			17c. RELATIONSHIP TO DECEASED WILLIAM WILSON JR RECEIVED DEC 7 11 49 AM '82 STATE OF INDIANA FILED FOR F. COM. IN LASE COUNTY		
16. CAUSE OF DEATH (Enter only one cause per Part I (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocarditis</i> DUE TO (b) <i>Cardiovascular renal disease</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					19. INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 16.)			
20c. TIME OF INJURY Hour Month Day Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <i>6/11/62</i> to <i>6/16/62</i> and last saw <i>him</i> alive on <i>6/16/62</i> . Death occurred at <i>7:00</i> A. M. (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.			22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ (C.S.T.) from causes stated and on above date.		
23a. Signature <i>G. W. Mather M.D.</i>		23b. ADDRESS <i>East Gary Ind</i>		23c. DATE SIGNED <i>6/17/62</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6. 19. 1962		24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	
24d. LOCATION Valpraiso, Indiana		25. FUNERAL DIRECTOR <i>Olson & Reiser East Gary, Ind</i>			
DATE RECD BY LOCAL HEALTH OFFICER <i>JUN 18 1962</i>			SIGNATURE OF HEALTH OFFICER <i>P. Q. Greenbloom</i>		

CERTIFIED COPY
P. J. Rosenbloom
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE ... JUN 18 1962 ...