

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

FEB 17 1983

Below for State Office Use

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- G _____
- H _____
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- 1 _____
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Disposition Permit Issued
Provisional Certificate
 Yes No

697634

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Atty. Vitell Reay
5681 Broadway
Merr. N. 46410

State No. _____

684

Local No. 585

DECEASED—NAME		FIRST <i>Maudie</i>	MIDDLE <i>I.</i>	LAST <i>Baldwin</i>	SEX <i>Female</i>	DATE OF DEATH (MONTH, DAY, YEAR) <i>November 28, 1982</i>	
RACE—(to g. White, Black, American Indian, etc.) (Specify)		AGE—(last birthday) (Yrs.)	UNDER 1 YEAR		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH
<i>White</i>		<i>69</i>	MO. <i>6a</i>	DAY <i>6b</i>	HOURS <i>6c</i>	MIN. <i>6d</i>	<i>Lake</i>
CITY, TOWN OR LOCATION OF DEATH <i>East Chicago</i>				HOSPITAL OR OTHER INSTITUTION—(name (if not on other, give street and number)) <i>St. Catherine Hospital</i>		IF HOSP. OR INST., indicate D.O.A. or Emer. Rem. Impression (Specify) <i>inpatient</i>	
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)	
<i>Illinois</i>		<i>U.S.A.</i>		<i>widowed</i>		<i>no</i>	
SOCIAL SECURITY NUMBER <i>337-24-4397</i>				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
<i>13</i>				<i>14a Homemaker</i>		<i>14b</i>	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION			
<i>Indiana</i>		<i>Lake</i>		<i>Hammond</i>			
STREET AND NUMBER <i>7132 Northcote</i>					IS RESIDENCE ON A FARM? 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify if on farm)
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			MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (Specify if on farm)		
<i>Charles Oxford</i>			<i>Sarah Beard</i>		<i>Yes</i>		
INFORMANT—NAME (Type or print)				MAILING ADDRESS			
<i>18a Mrs. Delma Belford-Daughter</i>				<i>18b 10022 Twin Creek, Munster, Indiana, IN 46321</i>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION	
<i>19a Burial</i>				<i>19b Elmwood Cemetery</i>		<i>19c Hammond, Indiana</i>	
DATE (MONTH, DAY, YEAR)				FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
<i>20a December 1, 1982</i>				<i>20b Bocken Funeral Home, Inc. 7042 Kennedy Avenue Hammond, Ind.</i>			
To the best of my knowledge, death occurred at the time, date and place stated (unless stated otherwise)					DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
<i>21a (Signature) Kwang D. You</i>					<i>21b 12/1/82</i>		<i>21c M</i>
NAME OF ATTENDING PHYSICIAN (Type or print)							
<i>21d Kwang D. You, M.D.</i>							
MAILING ADDRESS—PHYSICIAN							
<i>21e 800 MacArthur Blvd. Munster, Indiana 46321</i>							
HEALTH OFFICER—SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER	
<i>22a E.A. Campagnari</i>						<i>22b 12-1-82</i>	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PLACING IT IN (a), (b) AND (c))							
<i>23 Cardio-respiratory Arrest</i>							
PART I (a) DUE TO, OR AS A CONSEQUENCE OF							
<i>(b) Cerebro-vascular accident</i>							
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))							
<i>Arterial hypertension</i>							

LICENSE No. 1350

FUNERAL DIRECTOR'S LICENSE No. 1783

DECEASED'S NAME John C. Ault

FUNERAL DIRECTOR'S SIGNATURE

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

CAUSE

STATE OF INDIANA
FILED
CLERK OF SUPERIOR COURT
MUNSTER, INDIANA
NOV 28 1982
AB 46321