

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF DEATH
MAY BE OBTAINED FROM THE LAKE COUNTY HEALTH DEPT.

Key 34-343
 Some of the copies
 and complete copy
 of file with the
 11.24.46
 11.24.46

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

FEB 17 1983

1350

APR 28 1982

EMBALMER'S NAME John C. Antoy

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

Local No. 635-82

697635

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 589

Atty Vitold Reay
5681 Broadway
Newark NJ 07102

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

LAKE COUNTY HEALTH COMMISSION

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

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY, YEAR)
1. ARCHIE BALDWIN					2. MALE	3. APRIL 24, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Yr)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo, Day, Yr)	COUNTY OF DEATH
4. White	5a. 74	5b. MOS	DAYS	5c. HOURS	6. DEC. 13, 1907	7a. LAKE
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number)		IF HOSP OR INST. Indicate your DCA, DP (Date Rec. Adm., Inpatient) (Specify)	
7b. MUNSTER			7c. COMMUNITY HOSPITAL		7d. INPATIENT	
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)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8. Illinois	9. U.S.A.	10. married		11. Maudie Oxford		12. no
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of life)		KIND OF BUSINESS OR INDUSTRY	
13. 361-09-6159			14a. Crane Machinist		14b. Inland Steel Co.—Retired	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION			IS RESIDENCE ON A FARM?	
15a. INDIANA	15b. LAKE	15c. HAMMOND			15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER			IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify YES OR NO)	
15d. 7132 NORTHCOTE ST.			15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
16. George Baldwin					17. Sarah Crabb	
INFORMANT—NAME (Type or print)		MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
18a. Mrs. Maudie Baldwin—Wife		18b. 7132 Northcote		Hammond, Indiana	46324	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		
19a. Burial		19b. Elmwood Cemetery		19c. Hammond, Indiana		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
20a. April 28, 1982		20b. BOCKEN FUNERAL HOME		7042 Kennedy Ave. Hammond, Indiana		
To the best of my knowledge and belief at the time, date and place and to the best of the deceased stated				DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
21a. Signature: Juan Tan M.D.				21b. 4-26-82	21c. 11:45 P.	
NAME OF ATTENDING PHYSICIAN (Type or Print)				M		
21d. JUAN TAN, M.D.						
MAILING ADDRESS—PHYSICIAN						
21e. 8230 CALUMET AVE. MUNSTER, IND. 46321						
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a. Fees, M.D.				22b. 4-26-82		
PART I		IMMEDIATE CAUSE (ONLY ONE CAUSE PER LINE FOR (a) AND (c))		DATE OF ONSET AND DEATH		
(a)		Pneumonia, Right Upper lobe		11:45 PM 4/28/82		
(b)		Renal tubular Acidosis, Chronic Renal Failure		Interval between onset and death		
(c)		Carcinoma of the prostate, postoperative with bone metastasis		Interval between onset and death		
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions existing at death or related to cause given in PART I		AUTOPSY (Specify Yes or No)		
(a)		Carcinoma of the tongue postoperative with tracheostomy		AUTOPSY (Specify Yes or No)		