

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.  
57895 BROADWAY  
MERRILLVILLE, IND. 46410

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

699932

Local No. 891

MAR 8 1983

FUNERAL HOME  
*John C. Ault*  
AULTOR LAKE COUNTY

TYPE OR PRINT  
IN PERMANENT  
INK FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

NOV 18 1982 *Franklin J. Schererville*  
HAMMOND HEALTH COMMISSIONER

Date Issued

LICENSE No. 1350

FUNERAL DIRECTOR'S  
LICENSE No. 1783

EMBALMER'S NAME *John C. Ault*

FUNERAL DIRECTOR'S  
SIGNATURE *George J. Bocken*

DECEASED

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH MAY  
RISE TO  
IMMEDIATE  
CAUSE  
STARTING THE  
UNDERLYING  
CAUSE LAST

CAUSE

1 DECEASED—NAME FIRST MIDDLE LAST <b>EUGENE DUTRO</b>		2 SEX <b>M</b>	3 DATE OF DEATH (MONTH DAY YEAR) <b>11-16-82</b>
4 RACE—(e.g. White, Black, American Indian, etc.) <b>White</b>	5a AGE—Last Birthday (Y/M/D) <b>62</b>	5b UNDER 1 YEAR MOS DATE	5c UNDER 1 DAY HOURS MINS
6 CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>		7a COUNTY OF DEATH <b>Lake</b>	
7b HOSPITAL OR OTHER INSTITUTION—(Name if not on either, give street and number) <b>St. Margaret Hospital</b>		8 IF HOSP OR INST. Indicate DOA, OP, Imer, Am, Inpatient (Specify) <b>Inpatient</b>	
8 STATE OF BIRTH (if not in U.S.A. name country) <b>Nebraska</b>	9 CITIZEN OF WHAT COUNTRY <b>USA</b>	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	11 SURVIVING SPOUSE (if wife, give maiden name) <b>Mary Valent</b>
12 SOCIAL SECURITY NUMBER <b>344-12-0189</b>		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>	
14a RESIDENCE—STATE <b>Indiana</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Sheet Metal Workers Local 303</b>	
15a COUNTY <b>Lake</b>	15c CITY, TOWN OR LOCATION <b>Hammond</b>		15d STREET AND NUMBER <b>1253 - 170th Street</b>
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		17 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18 FATHER—NAME FIRST MIDDLE LAST <b>Elongzo S Dutro</b>		19 MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Mildred Peterson</b>	
20 INFORMANT—NAME (Type or print) RELATIONSHIP <b>Mrs. Mary Dutro Wife</b>		21 MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP <b>1253 - 170th Street Hammond, Indiana 46324</b>	
22 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		23 CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE <b>Chapel Lawn Mem. Gardens Schererville, Indiana</b>	
24 DATE (MONTH DAY YEAR) <b>Nov. 19, 1982</b>		25 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <b>Bocken Funeral Home, Inc. 7042 Kennedy Ave., Hammond, Ind. 46323</b>	
26 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 27a (Signature) <b>A. Willards, MD</b>		28 DATE SIGNED (Mo. Day Yr) <b>11-17-82</b>	
29 NAME OF ATTENDING PHYSICIAN (Type or Print) <b>A. T. WILLARDS, MD</b>		29c HOUR OF DEATH <b>11:15 AM</b>	
30 MAILING ADDRESS—PHYSICIAN <b>740 SEBERGER, MUNSTER, INDIANA</b>		31 HEALTH OFFICER—SIGNATURE <b>Franklin J. Schererville</b>	
32 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (I) AND (II)) PART I (a) <b>Carcinoma of Lungs.</b> b) <b>Pneumonia.</b>		33 DATE RECEIVED BY LOCAL HEALTH OFFICER <b>NOV 18 1982</b>	
34 OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))		35 Interval between onset and death <b>undetermined</b>	
35		36 Interval between onset and death	
36		37 Interval between onset and death	
37		38 AUTOPSY (Specify Yes or No) <b>Yes</b>	

Key 3-152-647  
Penicillin & Diclofenac  
Borden, etc. 76 v. 117 77  
Key 36-69-7  
Borden, H. 11/27/82

100