

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

Health Department State Office Use

700104

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. *4632a*

Local No. *573-80*

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

FUNERAL HOME
126

FILED

DECLARED

1983

USUAL RESIDENCE
WHERE DECEASED
LIVED AT DEATH
OR GIVE
RESIDENCE BEFORE

AUDITOR'S LICENSE NO. *1119*
FUNERAL DIRECTOR'S LICENSE NO. *1919*

PARENTS

DISPOSITION

M.D.
OR
D.O.

See Jerry M.D.

CAUSE

PA. 76 76 A. 7 7.34 R. 8 6A.
9-332-1

EMBALMER'S NAME *Bernard E. Little*
FUNERAL DIRECTOR'S SIGNATURE *Bernard E. Little*

Disposition Permit Issued / /
Provisional Certificate
 Yes No

DECEASED - NAME 1 H. Malcolm Clark		SEX 2 Male	DATE OF DEATH - MONTH DAY YEAR 3 April 19, 1980
RACE - (e.g. White, Black, American Indian, etc.) 4 white	AGE - Last Birthday (YYYY) 5a 63	UNDER 1 YEAR 5b MIN. DAYS 5c HOURS MIN.	DATE OF BIRTH - (MM, Day, Yr) 6 8-22-16
CITY, TOWN OR LOCATION OF DEATH 7a Crown Point		HOSPITAL OR OTHER INSTITUTION - Name (If not on page 1, give street and number) 7c St. Anthony Medical Center	IF HOSP OR INST. Indicate DOA (If Local, give location) (Specify) 7d DOA
STATE OF BIRTH (If not in U.S. A name & country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED - NEVER MARRIED, WIDOWED, DIVORCED, etc. 10 married	SURVIVING SPOUSE (If wife, give maiden name) 11 Thelma Pettit
SOCIAL SECURITY NUMBER 13 317-01-3111		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a President	KIND OF BUSINESS OR INDUSTRY 14b Clark Oil Corp.
RESIDENCE STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point	
STREET AND NUMBER 15d 801 West Joliet St.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? If YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 H. Malcolm Clark		MOTHER - MAIDEN NAME 17 Elizabeth Spidler	
INFORMANT - NAME (Type or print) 18a Thelma Clark		MAILING ADDRESS 18b 801 W. Joliet St. Crown Point, In. 46307	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Maplewood Cemetery	LOCATION 19c Crown Point, In. 46307
DATE (MONTH DAY YEAR) 20a April 22, 1980		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP) 20b Little F.H. 811 E. Franciscan D. Crown Point, In. 46307	
SIGNATURE OF PHYSICIAN (Type or print) 21a <i>John T. Scully, M.D.</i>		DATE SIGNED (MM, Day, Yr) 21b April 24, 1980	HOUR OF DEATH 21c M
NAME OF ATTENDING PHYSICIAN (Type or print) 21d <i>John T. Scully, M.D.</i>		MAILING ADDRESS - PHYSICIAN 21e <i>44 Harrison Street, Merrillville, In 46410</i>	
HEALTH OFFICER'S SIGNATURE 22a <i>Jerry M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b April 24-80	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST PART I (a) Acute Cardiac Arrest (b) Calcific Aortic Stenosis - operated - Starr-Edwards Prosthesis (c) _____		Interval between onset and death Acute 5 years	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No	

*Route 4 Bankston
9008 Sibley Blvd
Newland, Ind.
4632a*

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