

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

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.
SEP 16, 1980

Franklin J. Hammond
HAMMOND HEALTH COMMISSIONER

Date Issued

Disposition Permit Issued / /

Provisional Certificate
 Yes No

LICENSE No. None

EMBALMER'S NAME None

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 295

LICENSE No. 295

SIGNATURE

Robert Husted
FILED

JUL 13 1983
JUL 14 1985

James G. ...
AUDITOR'S SIGNATURE

716240
34

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Cal Royal Bank
5231 Hohman Ave
Hammond, Ind
State No.

Local No. 34

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Adelaide R. Millikan 2. F 3. Oct. 15, 1975

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. W 5a. 73 5b. 5c. March 19 1902 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Hammond 7c. Yes 7d. 7331 Forest Ave.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Ill. 9. U.S.A. 10. WALTER MILLIKAN

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 305-20-3407 13a. Housewife 13b. Home

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Ind. 14b. Lake 14c. Hammond 14d. Yes 14e. North

STREET AND NUMBER 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 14h. RESIDENCE ON A FARM? (Yes, no, or unknown) (If yes, give war or dates of service)

14f. 7331 Forest Ave. No

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Charles Mayer 16. Louise

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Walter Millikan 17b. Husband 17c. 7331 Forest Ave. Hammond, Indiana

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE

(a) *Mitochondrial Brain* 1 WH

(b) *Adenocarcinoma of Prostate* 3/75

(c)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. M. 21a. OCT 15 1975 11:15

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. Robert Husted, M. D. 22b. *Robert Husted*

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 7905 Calumet Ave. Munster, Indiana

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Cremation 24b. Oakland Memory Lanes 24c. Dolton, Ill.

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. Oct. 16, 1975 25a. Emmerling-Paddock Chapel 6020 Hohman Ave. Hammond, Indiana 46320

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. 25c. *Robert Husted* 26b. OCT 15 1975