

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

Below for State Office Use

A  
B  
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G  
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J

Disposition Permit  
Issued 7/23/83  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME Robert J Dellenbach

FUNERAL DIRECTOR'S  
SIGNATURE Robert J Dellenbach

LICENSE No. 4526

FUNERAL DIRECTOR'S  
LICENSE No. 543

James J. Dellenbach

Funeral Home

No. 240

# DEATH  
OCCURRED IN  
INSTITUTION.  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

SBH-06-004 REV. 10/77

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

James J. Dellenbach  
State 401  
No. 1111

Local No. 83-0488  
37545

DECEASED—NAME 1. <b>Kenneth Dillon</b>			SEX 2. <b>M</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>July 21, 1983</b>
RACE—(a) White, Black, American Indian, etc. (Specify) 4. <b>W</b>	AGE—Last Birthday (Yr) 5a. <b>56</b>	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>3/21/27</b>
CITY, TOWN OR LOCATION OF DEATH 7b. <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION—(Name fill in at least one, give street and number) 7c. <b>2302 Durbin St.</b>		IF HOSP. OR INST. Indicate DOA Of / Emer. Rm., Inpatient (Specify) 7d. <b>no</b>
STATE OF BIRTH (If not in U.S.A. Name Country) 8. <b>KY.</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) 11. <b>Beatrice Baldrige</b>	
SOCIAL SECURITY NUMBER 13. <b>406 36 7028</b>		USUAL OCCUPATION (Give kind of work done during most of preceding 12 mos., except if retired) 14a. <b>Millwright</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>Standard Forging</b>
RESIDENCE—STATE 15a. <b>Ind.</b>	COUNTY 15b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>Gary</b>		
STREET AND NUMBER 16a. <b>2302 Durbin St. Gary, Ind. 46406</b>			IS RESIDENCE ON A FARM? 16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	WILL ANY OTHER PERSON SHARE CITY LIMITS? 16c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 18. <b>Deca Dillon</b>		MOTHER—MAIDEN NAME 17. <b>Martha Forest</b>		
INFORMANT—NAME RELATIONSHIP 18a. <b>Beatrice Dillon</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 18b. <b>2302 Durbin St. Gary, Ind. 46406</b>		
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>Dillon-Cemetery</b>		LOCATION CITY OR TOWN STATE 19c. <b>Moorhead, Ky.</b>
DATE (MONTH, DAY, YEAR) 20a. <b>July 23, 1983</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. <b>Dellenbach PO Box 2038 Hammond, Ind. 46323</b>		
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place specified due to the stated cause. 21a. Signature <i>Daniel D. Thomas</i>		DATE SIGNED (Mo., Day, Yr.) 21b. <b>7/25/83</b>	HOUR OF DEATH 21c. <b>M 12:18 p.</b>	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f. <b>DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>		PRONOUNCED DEAD (Mo., Day, Yr.) 21e. <b>7/21/83</b>	PRONOUNCED DEAD (Mo., Day, Yr.) 21g. <b>AT 12:18 p.</b>	
HEALTH OFFICER—SIGNATURE 22a. <i>Robert J. Dellenbach</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>7/21/83</b>		
PART I IMMEDIATE CAUSE 23. <b>Severe cachexia; Moderate cardiomegaly; Moderate coronary arteriosclerosis; Dehydration moderate</b>				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24. <b>Diabetes</b>				
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. <b>Natural</b>	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. <b>M</b>	DESCRIBE HOW INJURY OCCURRED 25d.	
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.	LOCATION 25g.	STREET OR R.F.D. NO. CITY OR TOWN STATE	

150

STATE OF INDIANA  
DEPARTMENT OF HEALTH  
CORONER'S OFFICE  
CROWN POINT, IN.

40

GARY

*James I. Hinkle, M.D.*  
CERTIFIED COPY  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE 8/3/83