

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

Below for State Office Use

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FILED

DEC 14 1984

AUDITOR LAKE COUNTY

EMBALM OR NAME OF FUNERAL DIRECTOR'S SIGNATURE: *William K. Wilson*

LICENSE No. NOV 26 1984

2256

FUNERAL HOME No. 306

FUNERAL DIRECTOR'S LICENSE No. 2012

STATE OF INDIANA

784513

Local No. 2296-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Rev. Joseph H. Hill
600 W. Ridge Rd., Hobart, IN 46342
State No. _____

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 COMMISSIONER
M.D. OR D.O.
CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE

DECEASED—NAME 1 FIRST MIDDLE LAST MELBA K. CLEMMONS			SEX 2 Female	DATE OF DEATH (Month Day Year) 3 November 24, 1984
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE—Last Birthday (Year) 5a 41	UNDER 1 YEAR 5b MONTHS	UNDER 1 DAY 5c HOURS MIN.	DATE OF BIRTH (Mo. Day Year) 6 9-16-1943
CITY, TOWN OR LOCATION OF DEATH 7a Hobart		HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number) 7c St. Mary's Medical Center		STATE OF BIRTH (If not in U.S.A. Name of country) 8 Illinois
CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 John G. Clemmons		
SOCIAL SECURITY NUMBER 13 334-36-0810		USUAL OCCUPATION (Give kind of work done during most of working life, name of business) 14a Home-maker	KIND OF BUSINESS OR INDUSTRY 14b None	
RESIDENCE—STATE 15a IN	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hobart		
STREET AND NUMBER 15d 140 North Wilson Street			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XXX	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME (First Middle Last) 16 Melvin R. Powless			MOTHER—MAIDEN NAME (First Middle Last) 17 Dorothea J. Hawkins	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a John G. Clemmons, Husband		MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) 18b 140 North Wilson Street, Hobart, Indiana 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial/Removal		CEMETERY OR CREMATORY—FUNERAL HOME 19b Cisne Cemetery		LOCATION (City or Town State Zip) 19c Cisne, Illinois
DATE (Month Day Year) 20a November 27, 1984		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town State Zip) 20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-4198		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>Robert N. Wylie, M.D.</i>			DATE SIGNED (Mo. Day Year) 21b 11-26-84	HOUR OF DEATH 21c 2:05 P.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Robert Wylie, M.D.				
MAILING ADDRESS—PHYSICIAN 21e 1356 South Lake Park Avenue, Hobart, Indiana 46342				
HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 11-26-84	
23 IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c)) PART (a) ① Cardiopulmonary arrest DU TO OR AS A CONSEQUENCE OF PART (b) ② Malignant melanoma with metastases - abdomen DU TO OR AS A CONSEQUENCE OF PART (c) ③ Ascites 2° # ②				
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART (a) through (c) ④ Post stroke ⑤ pneumothorax 2° # ②				AUTOPSY (Specify Part of the Body) 24 No

SBH 06-003 State Form 35430
REV. 10/77

⑥ Cachexia (wt. loss ...) 2° # ②

749