

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

Below for State Office Use

A
B
C
D
E
F
G
H
I
J
K
L
1
2
3
4
5
6
7
8
9
10
11
12

787533

Local No. 1943-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 272

DATE OF DEATH (MONTH DAY YEAR)
October 20, 1984

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FILED

JAN 8 1985

Funeral Director's License No. 227

Funeral Director's License No. 227

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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

1 DECEASED—NAME FIRST MIDDLE LAST Frederick Rodgers		SEX Male	DATE OF DEATH (MONTH DAY YEAR) October 20, 1984
2 RACE—(a) White (b) Black (c) American Indian (Specify) White	3 AGE—Last Birthday (MOS) (DAYS) (HOURS) (MINS) 56	4 DATE OF BIRTH (Mo. Day Yr.) Aug. 12, 1928	5 COUNTY OF DEATH Lake
6 CITY, TOWN OR LOCATION OF DEATH Hobart	7 HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) St. Mary Medical Center		8 IF HOSP OR INST indicate DOA. Of time, etc., location (Specify) Inpatient
9 STATE OF BIRTH (If not in U.S.A. name country) Penn.	10 CITIZEN OF WHAT COUNTRY USA	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12 SURVIVING SPOUSE (If wife give maiden name) Dorothea H. Haworth
13 SOCIAL SECURITY NUMBER 198-22-1950	14 USUAL OCCUPATION (Give kind of work done during most of working life over 2 years) Steel Worker Billet Mill	15 KIND OF BUSINESS OR INDUSTRY U.S. Steel	
16 RESIDENCE—STATE Indiana	17 COUNTY Lake	18 CITY, TOWN OR LOCATION Hobart	19 INSIDE CITY LIMITS (Specify Yes or No) Yes
20 STREET AND NUMBER 849 State	21 IS RESIDENCE ON A FARM? NO		22 STATE OF INDIANA/STATE NO. JAN 8 1985
23 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
24 FATHER—NAME FIRST MIDDLE LAST Frederick Ford Rodgers		25 MOTHER—MAIDEN NAME FIRST MIDDLE LAST Esther H. Schafer	
26 INFORMANT—NAME (Type or print) RELATIONSHIP Dorothea Rodgers Wife		27 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 849 State Hobart Indiana 46348	
28 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		29 CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Calvary Cemetery Portage, Indiana	
30 DATE (MONTH DAY YEAR) October 23, 1984		31 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) Engel Funeral Home 2700 Willowcreek Portage, Ind. 46368	
32 To the best of my knowledge, death certified at the time, date and place and due to the cause(s) stated Dr. Fernando Rivera		33 STATE SIGNED (Mo. Day Yr.) 10/22/84	34 HOUR OF DEATH 6:00 am.
35 NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. Fernando Rivera		36 MAILING ADDRESS—PHYSICIAN 3099 Central Avenue Lake Station, Indiana 46405	
37 HEALTH OFFICER—SIGNATURE Paul Johnson		38 DATE RECEIVED BY LOCAL HEALTH OFFICER 10-22-84	
39 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Carcinoma Lungs, Metastatic DU TO OR AS A CONSEQUENCE OF (b) DU TO OR AS A CONSEQUENCE OF (c)			40 Interval between onset and death Interval between onset and death Interval between onset and death
41 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not stated in cause given in PART I (a)			42 AUTOPSY (Specify Yes or No) no