

George Ammons
116 N. Third St
Kentland IN 600

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 200

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

798171

Below for State Office Use

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FUNERAL HOME No. 306
FUNERAL DIRECTOR'S LICENSE No. 2012
EMBALMER'S NAME: William K. Wilson
FUNERAL DIRECTOR'S SIGNATURE: *Walter J. Deen*

Local 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

M.D. OR D.O.

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

CAUSE

DECEASED—NAME FIRST MIDDLE LAST 1 ROSAMOND E. CURTIS			SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 September 13, 1984
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE—Last Birthday (Yrs) 5a 67	UNDER 1 YEAR MOS 5b	UNDER 1 DAY HOURS 5c	DATE OF BIRTH (Mo Day Yr) 6 March 10, 1917
CITY, TOWN OR LOCATION OF DEATH 7b Valparaiso		HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) 7c Vale View Nursing Home		IF HOSP OR INST (Indicate DOA, OP, Emg, Am, Inpatient) (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8 IN	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Delmar E. Curtis	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year) 12 NO
SOCIAL SECURITY NUMBER 13 313-18-0277A		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Clerk - Cashier	KIND OF BUSINESS OR INDUSTRY 14b Riddle Truck Stop	
RESIDENCE—STATE 15a IN	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Lake Station		
STREET AND NUMBER 15d 2301 Vigo Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f Yes
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 Marshall Dyer, (dec.)		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Mae Prue, (dec.)		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Delmar E. Curtis, Husband		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b 2301 Vigo Street, Lake Station, Indiana 46405		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calvary Crematory		LOCATION CITY OR TOWN STATE 19c Portage, Indiana
DATE (MONTH, DAY, YEAR) 20a September 17, 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		
To the best of my knowledge, which occurred at the time, date, and place and due to the causal blend 21a (Signature) <i>Owen H. Lucas, Jr.</i>		DATE SIGNED (Mo, Day Yr) 21b Sept 14 1984	HOUR OF DEATH 21c 10:05 a. M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Owen H. Lucas, Jr., M.D.		MAILING ADDRESS—PHYSICIAN 21e 700 South Calumet Road, Chesterton, Indiana 46304		
HEALTH OFFICER—SIGNATURE 22a <i>Ray A. Babcock, MD</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 9-20-84		
PART I (a) Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH		
(b) hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH		
(c) neurologic disorder - exact Dx undetermined		INTERVAL BETWEEN ONSET AND DEATH		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (b)		AUTOPSY (Specify Yes or No) 24 No		

RIDDLE TRUCK STOP
RECORDED
STATE OF INDIANA
FILED
APR 1 1984
CLERK

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PORTER COUNTY HEALTH DEPT.
VALPARAISO, INDIANA

THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

Mary A. Babcock, MD
HEALTH OFFICER

480-11