

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 \_\_\_\_\_
- M \_\_\_\_\_
- N \_\_\_\_\_
- O \_\_\_\_\_
- P \_\_\_\_\_
- Q \_\_\_\_\_
- R \_\_\_\_\_
- S \_\_\_\_\_
- T \_\_\_\_\_
- U \_\_\_\_\_
- V \_\_\_\_\_
- W \_\_\_\_\_
- X \_\_\_\_\_
- Y \_\_\_\_\_
- Z \_\_\_\_\_

K(31) -25-15-84  
 Mrs Se RC-349  
 PT N. 237.566 of NW SE  
 PARCEL 73X237.5 ft  
 S. 26 T. 34 R. 9 - 398

EMBALMER'S NAME Fred Opatka

LICENSE No. 1607

FUNERAL DIRECTOR'S SIGNATURE Fred Opatka

FUNERAL DIRECTOR'S LICENSE No. 1607

874010

Local No. 400-86

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Associates  
PO Box 10068  
MERR, IND. 46410  
State No. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

DECEASED NAME 1 John A. Caldwell		SEX Male	DATE OF DEATH (MONTH DAY YEAR) February 24, 1986
RACE 4 White	AGE (Last Birthday) 54 49	DATE OF BIRTH (MONTH DAY YEAR) July 13, 1936	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point		HOSPITAL OR OTHER INSTITUTION 7c St. Anthony's Medical Center	IF HOSP OR INST (Specify DOA) 7d Emer. Room
STATE OF BIRTH 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED (Never Married) 10 Married	SUBVIVING SPOUSE (Name) 11 Nancy Riley
SOCIAL SECURITY NUMBER 13 308-34-7504		USUAL OCCUPATION 14a Fork Lift Operator	KIND OF BUSINESS OR INDUSTRY 14b Steel Mills
RESIDENCE STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Cedar Lake	
STREET AND NUMBER 15d 7100 West 137th Place		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 16 Ira Caldwell		MOTHER MAIDEN NAME 17 Maudy Cavender	
INFORMANT - NAME (Type or print) 18 Nancy Caldwell (Wife)		RELATIONSHIP	MAILING ADDRESS (Street or R.F.D. No., City or Town, State) 18a 7100 W. 137th Pl., Cedar Lake, Indiana 46303
BURIAL, CREMATION, REMOVAL (Other specify) 19a Burial		CEMETERY OR CREMATORY, FUNERAL HOME 19b German Methodist	LOCATION (City or Town, State) 19c Cedar Lake, Indiana
DATE (MONTH DAY YEAR) 20a February 27, 1986		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State) 20b Eller Brady 8510 Lakeshore Dr., Cedar Lake, In. 46	
To the best of my knowledge, death occurred at the time, date and place and due to the cause stated. 21a (Signature) James W. Gentleman		DATE SIGNED (Mo. Day, Yr.) 21b 2-26-86	HOUR OF DEATH 21c 4 30 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d JAMES W. GENTLEMAN		MAILING ADDRESS - PHYSICIAN 21e 18110 GRANT ST. CROWN POINT IN	
HEALTH OFFICER (Signature) 22a		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-27-86	
CONDITIONS (If any) WHICH LAST WENT TO IMMEDIATE CAUSE (State the underlying cause last) 23		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) CARDIO PULMONARY ARREST. (b) CARDIOVASCULAR COLLAPSE. (c) BLEEDING ESOPHAGEAL VARICES	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) PART II AORTIC INSUFFICIENCY, THROMBOCYTOPENIA		INTERVAL BETWEEN ONSET AND DEATH 424-	

FILED

SEP 9 1986

AUDITOR LAKE COUNTY

581

400