

TYPE OR PRINT  
PLAINLY WITH  
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THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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#49-40-40

EMBALMER'S NAME Robert J Dellenbach  
LICENSE No. 4526

FUNERAL HOME No. 240  
FUNERAL DIRECTOR'S LICENSE No. 543  
SIGNATURE *R. J. Dellenbach*

904171

Local 87-0101

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

2501

DECEASED - NAME Ivan C Camp Jr.		SEX M	DATE OF DEATH (Month Day Year) 2/17/87
RACE - to be filled in by informant W	AGE - in years (Month Day Year) 71	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINUTES
CITY, TOWN OR LOCATION OF DEATH Gary	HOSPITAL OR OTHER INSTITUTION Methodist Hospital	DATE OF BIRTH (Month Day Year) 7/3/1915	COUNTY OF DEATH Lake
STATE OF BIRTH (if not in U.S.A.) Ind	CITIZEN OF WHAT COUNTRY U.S.	MARRIED NEVER MARRIED, WIDOWED, DIVORCED Married	IF HOSP OR INST. (Specify DOA or time of admission) no
SOCIAL SECURITY NUMBER 310 12 1931	USUAL OCCUPATION (Give level of work done during most of working life prior to death) 1st Helper	SURVIVING SPOUSE (if wife give maiden name) Jean Patterson	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Year Range) no
RESIDENCE - STATE Ind	COUNTY Lake	KIND OF BUSINESS OR INDUSTRY Youngstown	
RESIDENCE - CITY, TOWN OR LOCATION 6103 W. 29th Pl.	IS RESIDENCE ON A FARM? NO	CITY, TOWN OR LOCATION Gary	INSIDE CITY LIMITS (Specify Yes or No) YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER - NAME Ivan C. Camp Sr.		MOTHER - MAIDEN NAME Margaret Irene	
INFORMANT - NAME (Print or Print) Jean Camp		RELATIONSHIP Wife	
Mailing Address 6103 W. 29th Pl. Gary, Indiana 46406		CITY OR TOWN Gary	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY - FUNERAL HOME Chapel Lawn Memorial Gardens Schererville, Ind.	
DATE (Month Day Year) 2/20/87		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State Zip) Dellenbach Chapel PO Box 2038 Hammond, Ind. 46307	
NAME OF ATTENDING PHYSICIAN (Print or Print) Howard M. ...		DATE SIGNED (Month Day Year) FEB 19 1987	
M.D. OR D.O.		HOUR OF DEATH 3:34 PM '87	
Mailing Address - Physician		DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 19 1987	
HEALTH OFFICER'S SIGNATURE James T. Hedrick, M.D.		CERTE CAUSE (List only one cause per line for 1st and 2nd) 1. Cardiac arrest 2. Ischemic heart disease 3. Metastatic Bronchogenic Carcinoma	
PART I (a) TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II (a) TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II (b) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
CAUSE		AUTOPSY (Specify Yes or No)	

RICHARD J. BEASTICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46307

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