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RECORD

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7th Add. New Ch. 2023 - Bl. 6
W. 13th St. 21, Bl. 6
E. 9th St. 21, Bl. 6
Key # 21-66-32

952963
FUNDAL HOME No. FDH3003069
LICENSE No. FDE100494
FUNDAL DIRECTOR'S COUNTY SIGNATURE
LICENSE No. FDE1041083
EMBALMER'S NAME JAMES W. GHOLSTON
FUNDAL DIRECTOR'S SIGNATURE

Local No. 3014-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Rees Funeral Home
600 W. Ridge Rd.
Hobart In.
State No. 1112
390

DECEASED—NAME 1 JAMES N. BOLEN			SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 NOVEMBER 07, 1987
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 WHITE	AGE—(Last Birthday) (Year) 5a 75	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo. Day Yr.) 6 10-22-1912
CITY, TOWN OR LOCATION OF DEATH 7b HOBART		HOSPITAL OR OTHER INSTITUTION (Name if not in either give street and number) 7c ST. MARY MEDICAL CENTER		IF HOSP OR INST Indicate DOA (Specify Yes or No) 7d EMERGENCY ROOM
STATE OF BIRTH (If not in U.S.A.) 8 ILLINOIS	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED WIDOW (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife give maiden name) 11 MARGARET M. APPLETON	IF DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO
SOCIAL SECURITY NUMBER 13 342-01-8910		USUAL OCCUPATION (Give kind of work done during most of life) 14a MOTOR INSPECTOR		KIND OF BUSINESS OR INDUSTRY 14b U.S. STEEL
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c HOBART		
STREET AND NUMBER 15d 414 E. MADISON STREET		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f NO	
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 GEORGE BOLEN (DECEASED)			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 MARTHA KIRK (DECEASED)	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a MARGARET BOLEN WIFE		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b 414 E. MADISON STREET, HOBART, IN 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b DENNING CEMETERY		LOCATION CITY OR TOWN STATE ZIP 19c W. FRANKFORT IN 46342
DATE (MONTH DAY YEAR) 20a NOVEMBER 12, 1987		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town State Zip) 20b Rees Funeral Home, 600 West Ridge Road, Hobart, Ind.		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Peter Hamang</i>		DATE SIGNED (Mo. Day Yr.) 21b	HOUR OF DEATH 21c 07:42 A.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d PETER HAMANG		MAILING ADDRESS—PHYSICIAN 21e 900 W. RIDGE ROAD HOBART, IN 46342		
HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b NOVEMBER 9, 87	
IMMEDIATE CAUSE (IN R OR ONLY ONE) (USE PLAIN ENGLISH FOR (a) AND (c)) PART I (a) Acute Myocardial Infarct		Interval between onset and death 10 min		
(b) Hypertension and Corcha myopathy		Interval between onset and death 10 yrs		
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II		AUTOPSY (Specify Yes or No) 24 NO		

JULIAN BLAZICK
L.C. REGISTERED

400