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PORTER COUNTY BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Rec'd Funeral Home
600 N. Rose Hill
Hkt. 46312

001770

This is an official copy of the record of death on file at the Porter County Health Department.

Gary A. Babcock, M.D.
Gary A. Babcock, M.D.

LICENSE No. FDE 8601323

FUNERAL DIRECTOR'S LICENSE No. FDE 860 1323

MBALMER'S NAME Roger A. Young

FUNERAL DIRECTOR'S SIGNATURE Roger A. Young

Key # 19-124-12
Robert Bartlett's
W. 55 Ft. C. 193
THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

| | | | | |
|--|--|---|---|---|
| DECEASED - NAME 1 James H. Cagle | | | SEX Male | DATE OF DEATH (MONTH DAY YEAR) 3-23-87 |
| RACE 4 White | AGE - Last Birthday (Years) 5a 76 | UNDER 1 YEAR 5b DAYS | UNDER 1 DAY 5c HOURS | DATE OF BIRTH (Month Day Year) 9-11-10 |
| CITY, TOWN OR LOCATION OF DEATH 7a Valparaiso | | HOSPITAL OR OTHER INSTITUTION - Name if not at other give street and number 7c 311 So. 350 West | | IF HOSP OR INST include DRG (Dr. Emer. Am. Impressed) (Specify) 7d Home |
| STATE OF BIRTH (if not in U.S. & name of country) Alabama | CITIZEN OF WHAT COUNTRY U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married | SURVIVING SPOUSE (if wife give maiden name) 11 Montie Ross | HAS INCIDENT EVER IN U.S. ARMED FORCES? (Specify Year or Year 12) NO |
| SOCIAL SECURITY NUMBER 13 421-09-6669 | RESIDENCE - STATE 15a Indiana | USUAL OCCUPATION (Specify kind of work done during major part of working life years or years) 14a Foundry Worker | KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel | |
| COUNTY 15b Porter | CITY, TOWN OR LOCATION 15c Valparaiso | IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INSIDE CITY LIMITS (Specify Yes or No) 15i Yes | |
| STREET AND NUMBER 16d 311 So. 350 West | | IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| FATHER - NAME (FIRST MIDDLE LAST) 16 Unavailable Cagle | | MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 Unavailable | | |
| INFORMANT - NAME (If possible give relationship) 18a Larry Cagle | | MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 311 So. 350 West Valparaiso IN 46383 | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial | | CEMETERY OR CREMATORY - FUNERAL HOME 19b Cochran | | LOCATION (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 19c New Market Ave. Lake Station IN 46405 |
| DATE (MONTH DAY YEAR) 20a March 28, 1987 | | FUNERAL HOME - NAME AND ADDRESS 20b Young Funeral Home 1307 Central Ave. Lake Station IN 46405 | | |
| On the basis of examination and/or investigation in my opinion death occurred at the time and place and due to the causal stated | | DATE SIGNED (Mo. Day Year) 21b MARCH 26, 1987 M | HOUR OF DEATH 21c approx. 10:00 A.M. | |
| 21a Signature [Signature] NAME AND ADDRESS OF CERTIFIER (Type or Print) 21i John A. Evans, Coroner - 517 Broadway Chesterton, IN 46304 | | 21d ON MARCH 23, 1987 | 21e AT 2:50 P.M. | |
| HEALTH OFFICER - SIGNATURE 22a [Signature] | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-26-87 | | |
| IMMEDIATE CAUSE 23 Acute Coronary Thrombosis - LT. Ant. Descending | | Interval between onset and death 24 MIA | | |
| DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death | | |
| DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death | | |
| OTHER SIGNIFICANT CONDITIONS (Condition contributing to death but not stated as cause given in PART 13a) | | AUTOPSY (Specify Yes or No) 24 Yes | | |
| ALL SIGNS OF LIFE UNDET. OR FINDING INVEST (Specify) 25a Natural | DATE OF INJURY (Mo. Day Year) 25b 3-23-1987 | HOUR OF INJURY 25c 10:00 A.M. | DESCRIBE HOW INJURY OCCURRED 25d [Signature] | |
| INJURY AT WHICH (Specify Year or Year) | PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify)) | LOCATION (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) AUDITOR, PORTER COUNTY | | |

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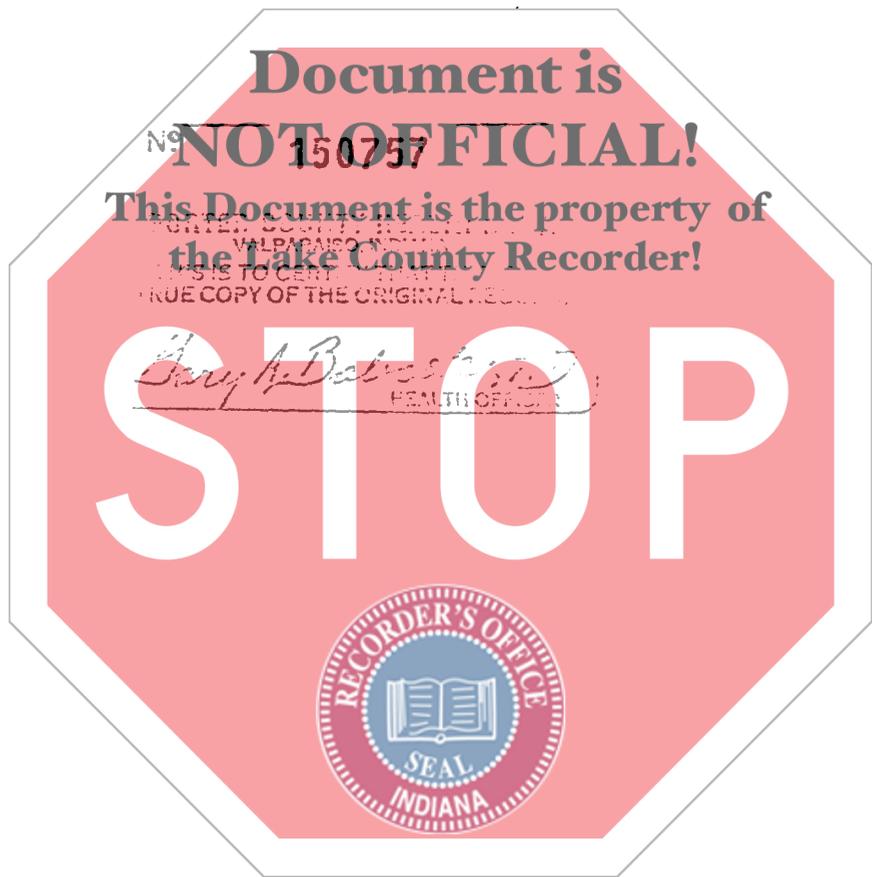


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