

TICOR TITLE INSURANCE
Crown Point, Indiana

153274

110692

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 566-69

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

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST 1. Frank H. Adank			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Nov. 5, 1969
RACE 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 84	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH 1884 (MONTH, DAY, YEAR) 6. Dec. 1,
CITY, TOWN, OR LOCATION OF DEATH 7a. Crown Point		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. 602 N. Main St.	
STATE OF BIRTH (IF NOT IN U.S.A., GIVE NAME AND COUNTRY) 8. Indiana		CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Irene Houk	
SOCIAL SECURITY NUMBER 12. 305-01-568		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer	KIND OF BUSINESS OR INDUSTRY 13b. Farm	
RESIDENCE—STATE COUNTY 14a. Indiana 14b.		CITY, TOWN OR LOCATION 14c. Crown Point	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	TOWNSHIP 14e. Center
STREET AND NUMBER 14f. 601 N. Main		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		15. RESIDENCE ON A FARM? 15a. no 15b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DECEASED
USUAL RESIDENCE WHEN DECEASED
LIVED IN IF DEATH OCCURRED IN INSTITUTION, RESIDENCE BEFORE ADMISSION

FATHER—NAME FIRST MIDDLE LAST 15i. Christian Adank		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 15j. Margaret Theobald	
INFORMANT NAME 17a. Irene Adank		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 601 N. Main, Crown Point, Ind.

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

IMMEDIATE CAUSE (a) Metastatic carcinoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST (b) Carcinoma of prostate	5 yrs
(c)	

19. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: (A)

19a. AUTOPSY: YES NO

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: YES NO

20. DATE & TIME OF DEATH: MONTH DAY YEAR HOUR
11 5 69 12 P.M.

21. DATE SIGNED: MONTH DAY YEAR
Nov 5 69

22. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE
22a. John P. Birdzell

22b. SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)
John P. Birdzell M.D.

22c. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
124 N. Main St. Crown Point, Indiana 46307

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
23a. Burial

23b. CEMETERY, CREMATORY, FUNERAL HOME
23b. Calumet Park

23c. LOCATION CITY OR TOWN STATE
23c. Merrillville, Indiana

24. DATE (MONTH, DAY, YEAR)
24a. Nov. 8, 1969

24b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24b. Merriam Funeral Home, Crown Point, Indiana 302 S. Main

25. HEALTH OFFICER—SIGNATURE
25a. [Signature]

25b. DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. NOVEMBER 6, 1969

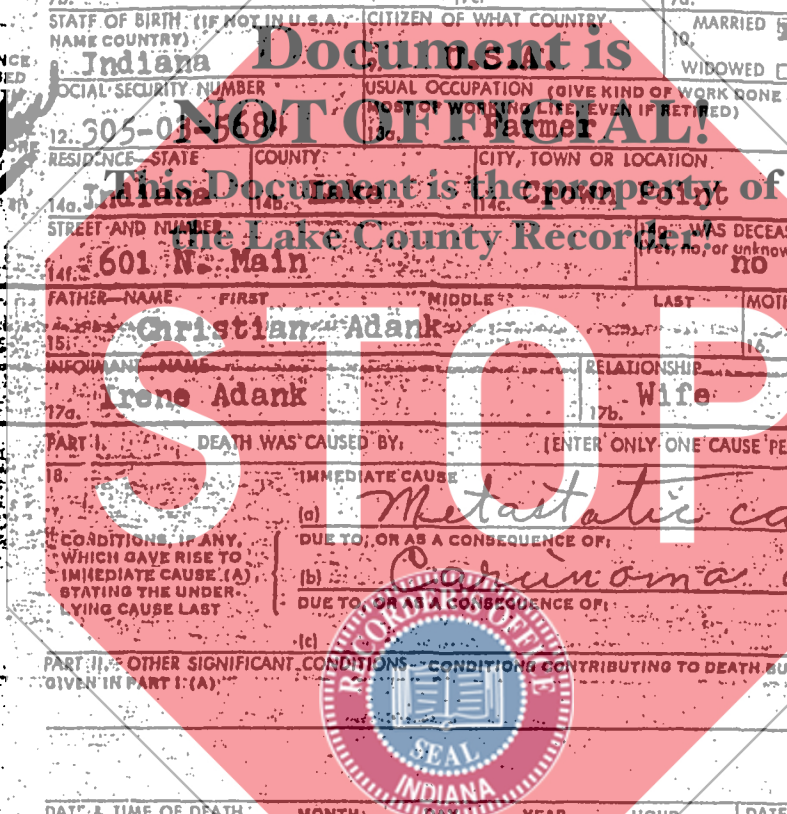
26. DISPOSITION

Below for State Office Use

RECEIVED
#9-314-19
TICOR TITLE INSURANCE
Crown Point, Indiana
EMBALMER'S NAME Bernard G. Little
FUNERAL DIRECTOR'S SIGNATURE Bernard G. Little

Disposition Permit Issued / /

Provisional Certificate
 Yes No



1771-A

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