

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

113187

Local No. 32-33-86

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No.

157300

TYPE OR PRINT  
OR PRINT  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED:

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST.

CAUSE

FUNERAL HOME No. 306  
FUNERAL DIRECTOR'S LICENSE No. 2012  
EMBALMER'S NAME: *Mabel Jones*  
FUNERAL DIRECTOR'S SIGNATURE: *Mabel Jones*  
HEALTH DEPT. SIGNATURE: *Daniel D. Thomas*

Below for State Office Use  
Grandview Add  
A S. 10 ft of h. 22  
all h. 23 +  
h. 24 except 5.5 ft  
Block 1  
Key # 17-179-23  
Unit # 27

THIS CERTIFIES THAT I HAVE IN THE AID OF  
COMPLETE COPY OF THE CERTIFICATE OF  
DEATH TO BE FILED WITH THE LICENSE IN  
Peter N. ...

DECEASED—NAME FIRST MIDDLE LAST ARTHUR L. BRIDGROOM		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) DECEMBER 16, 1986
RACE—(a) White, Black, American Indian, etc. (Specify) White	AGE—Last birthday (M) (D) (Y) 57	UNDER 1 YEAR MAY DAYS	UNDER 1 DAY HOURS MINS
CITY, TOWN OR LOCATION OF DEATH Hobart	HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 3944 Missouri Street		IF HOSP. OR INST. Indicate DOA, DP, Emar, etc. (Specify if necessary) N/A
STATE OF BIRTH (If not in U.S.A. name country) IN	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) Alice F. Cartwright
SOCIAL SECURITY NUMBER 317-22-7494	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating Engineer		KIND OF BUSINESS OR INDUSTRY Local #150 - Texas Terminal
RESIDENCE—STATE IN	COUNTY Lake	CITY, TOWN OR LOCATION Hobart	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 3944 Missouri Street	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		INSIDE CITY LIMITS (Specify city, etc. if not) Hobart, IN
FATHER—NAME FIRST MIDDLE LAST John O. Bridgroom, (dec.)	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mabel McLendon		STATE OF INDIANA'S S.S. NO. FILED FOR RECORD
INFORMANT—NAME RELATIONSHIP Alice F. Bridgroom, Wife	MAILING ADDRESS STREET OR R.F.D. NO. 3944 Missouri Street, Hobart, Indiana 46342	CITY OR TOWN Hobart, Indiana	STATE IN
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—FUNERAL HOME Evergreen Cemetery	LOCATION CITY OR TOWN Hobart, Indiana	STATE IN
DATE (MONTH, DAY, YEAR) December 19, 1986	FUNERAL HOME—NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 600 W. Ridge Rd., Hobart, IN	
NAME AND ADDRESS OF CERTIFIER (Type or Print) DANIEL D. THOMAS, M.D., 2293 N. MAIN, CROWN POINT, INDIANA 46307		DATE SIGNED (M, D, Y) 12-18-86	HOUR OF DEATH 46342-0488
HEALTH OFFICER—SIGNATURE <i>Daniel D. Thomas</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 12-18-86	PRONOUNCED DEAD (M, D, Y) 12-16-86
IMMEDIATE CAUSE PART (a) MYOCARDIAL INFARCT		INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED	
DUE TO OR AS A CONSEQUENCE OF (b) SEVERE CORONARY ARTERIOSCLEROSIS;		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO OR AS A CONSEQUENCE OF (c) ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH	
OTHER (SPECIFY) CONDITIONS—(Specify conditions which contributed to death but not related to cause given in PART I (a))		AUTOPSY (Specify Yes or No) Yes	
ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. NATURAL	DATE OF INJURY 12-16-86	HOUR OF INJURY M	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—(At home, farm, street, factory, office building, etc. (Specify))	LOCATION Crown Point, IN	STREET CITY STATE Crown Point, IN



FILED

JUL 24 1990

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

001435

600