159-70

SBH 113-3

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 159-70

State No.

137181

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

DECEASED—NAME (FIRST / MIDDLE / LAST) 1. Louise A. Caldwell	SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. March 26, 1970	
RACE (WHITE, NEGRO, AMERICAN INDIAN ETC. SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 52	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
DATE OF BIRTH (MONTH, DAY, YEAR) 6. 5-17-1917	COUNTY OF DEATH 7a. Lake County		
CITY, TOWN, OR LOCATION OF DEATH 7b. Merrillville	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Ross Care Center	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. N. Delos Caldwell
SOCIAL SECURITY NUMBER 12. 317 09 6310	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Steno Clerk	KIND OF BUSINESS OR INDUSTRY 13b. E. J. & E. Railroad	
RESIDENCE—STATE 14a. Indiana	COUNTY 14b. Lake Co.	CITY, TOWN OR LOCATION 14c. Hobart	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes
TOWNSHIP 14e. Hobart			
STREET AND NUMBER 14f. 844 Water Street			IS RESIDENCE ON A FARM? 14g. YES NO XX
FATHER—NAME (FIRST / MIDDLE / LAST) 15. Jan Chelich (dec)	MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST) 16. Agnes Petrusick (Dec)		
INFORMANT—NAME 17a. Delos Caldwell	RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 844 Water Street, Hobart, Indiana	

FILED NOV 30 1950

Anna N. Antone
AUDITOR LAKE COUNTY

THIS CERTIFIED TRUE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Carcinomatosis — 6 months +

DUE TO, OR AS A CONSEQUENCE OF: (b) Adenocarcinoma of Left Breast with Metastasis — 6 months +

DUE TO, OR AS A CONSEQUENCE OF: (c)

WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

CAUSE SEP 23 1950

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE — AUTOPSY (YES OR NO) 19a. NO — IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

Left Radical Mastrctomy - 9-10-1968

Berl H. Johnson
LAKE COUNTY HEALTH COMMISSIONER

DEATH OCCURRED 20a. M. — THE DECEDENT WAS PRONOUNCED DEAD 20b. MONTH March DAY 26 YEAR 1970 HOUR 1:45 AM — DATE SIGNED 21a. March 27, 1970 (MONTH, DAY, YEAR)

CERTIFIER—NAME (TYPE OR PRINT) 21b. Joseph G. Markle, M.D. — SIGNATURE 22b. Joseph G. Markle, M.D. (DEGREE OR TITLE)

CERTIFIER'S ADDRESS—CERTIFIER 203 North Hobart Road — STREET OR R.F.D. NO. — CITY OR TOWN Hobart — STATE Indiana — ZIP

BURIAL, CREMATION, REMOVAL (SPECIFY) 23a. Burial — CEMETERY, CREMATORY, FUNERAL HOME 24b. Calumet Park Cemetery — LOCATION 24c. CITY OR TOWN Crown Point, STATE Indiana — FUNERAL HOME NUMBER 306

DATE (MONTH, DAY, YEAR) 25a. March 30, 1970 — FUNERAL HOME—NAME AND ADDRESS 25a. Rees Funeral Home, INC — (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 600 West Old Ridge Road, Hobart, Indiana

FUNERAL DIRECTOR—SIGNATURE 26b. — HEALTH OFFICER—SIGNATURE 26a. A. F. Gregoline, M.D. — DATE FILED BY LOCAL HEALTH OFFICER 26b. March 30, 1970

600 CT

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Key #: 17-28-41. Pt. SW14 NE14 SW14, SW14 Sec 32-36-7, 2 C.d.

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