

MEDICAL CERTIFICATE OF DEATH

State No. ....

Local No. 434-72  
 NOISIAIO YVVICNI

FUNERAL HOME  
 No. 306  
 137183  
 FUNERAL DIRECTORS  
 LICENSE No. 2012  
 JAMES J. STAUDT  
 646  
 41-25-14  
 5-14-94-14  
 26-2-1  
 32-36-1

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. N. Delos Caldwell 2. Male 3. August 22, 1972

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR: MOS. DAYS UNDER 1 DAY: HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 55 5b. 55 5c. 2/2/1917 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Hobart 7c. Yes 7d. 844 Water Street

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. USA 10. Lillian Gonder

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 323-01-5880 13a. Accountant 13b. Towne & COUNTRY Motors

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Hobart 14d. Yes 14e. Hobart

STREET AND NUMBER 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) IS RESIDENCE ON A FARM?

14f. 844 Water Street 14h. NO 14i. NO

PARENTS: FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Caddie Anderson Caldwell 16. Myrtle Pearl Price

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Lillian Caldwell 17b. Wife 17c. 844 Water St., Hobart, IN 46342

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. one hour

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

IMMEDIATE CAUSE

(a) Coronary Thrombosis

(b) Due to, or as a consequence of

(c) Due to, or as a consequence of

CAUSE (a) (b) (c)

PART II. OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSING DEATH

19a. NO 19b. NO

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES  NO

LAKE COUNTY HEALTH COMMISSIONER: Pearl Johnson DATE SIGNED: August 22, 1972 18:15A. M.

AUDITOR LAKE COUNTY: Anna N. Untore DATE SIGNED: August 23, 1972

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: E.C. TILKA, M.D. SIGNATURE OF PHYSICIAN: E.C. Tilka, M.D.

MAILING ADDRESS—PHYSICIAN: 2134 Calumet CITY OR TOWN: Hammond STATE: Indiana ZIP: 46324

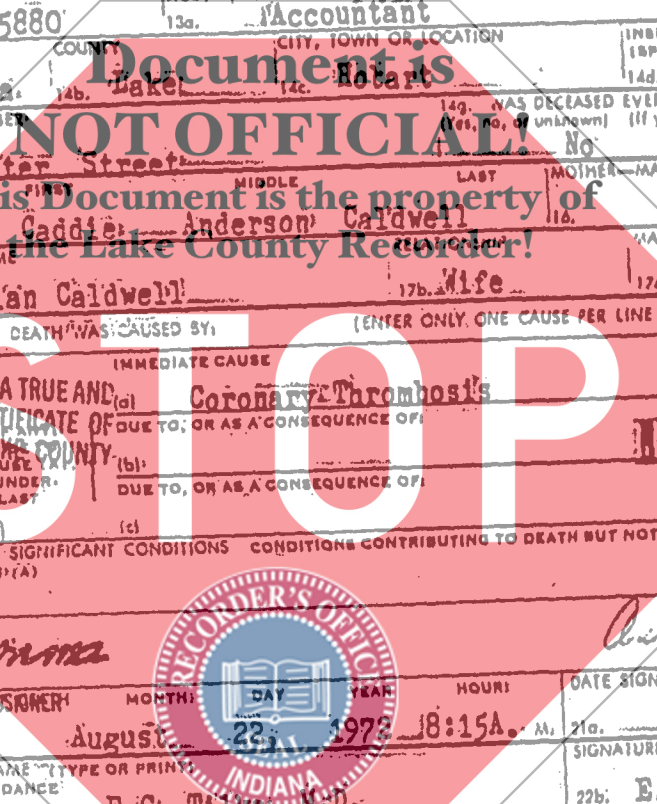
CEMETERY, CREMATORY, FUNERAL HOME LOCATION: Valparaiso, Indiana

21b. Graceland Cemetery

FUNERAL HOME—NAME AND ADDRESS: Rees Funeral Home, 600 W. Ridge Rd., Hobart, Indiana 46342

25a. 8-24-1972 DATE RECEIVED BY LOCAL HEALTH OFFICER: August 24, 1972

HEALTH OFFICER—SIGNATURE: Peter Stecy, M.D.



001117

600