139537

Norman Milton
920 Birch St.
La Porte Ind
46350

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 100

Local No. 1416-85

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

FILED DEC 18 1985

(Below for State Office Use)

DECEASED

- DECEASED—NAME: Elmer H. Milton
- SEX: Male
- DATE OF DEATH (Month Day Year): July 25, 1985
- RACE: White
- AGE—Last Birthday (Years): 62
- UNDER 1 YEAR: —
- UNDER 1 DAY: —
- DATE OF BIRTH: Sept. 2, 1922
- COUNTY OF DEATH: Lake
- CITY, TOWN OR LOCATION OF DEATH: Crown Point
- HOSPITAL OR OTHER INSTITUTION: St. Anthony Medical Center
- IF HOSP. OR INST. (Inpatient or Outpatient): Inpatient
- STATE OF BIRTH: Indiana
- CITIZEN OF WHAT COUNTRY: USA
- MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
- SURVIVING SPOUSE: Norma M. Bonstra
- WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes
- SOCIAL SECURITY NUMBER: 314-18-2398
- USUAL OCCUPATION: Clerk
- KIND OF BUSINESS OR INDUSTRY: Hammond Post Office
- RESIDENCE—STATE: Indiana
- COUNTY: Lake
- CITY, TOWN OR LOCATION: Hammond
- STREET AND NUMBER: 516 Lewis Street
- RESIDENCE ON A FARM? YES ☐ NO ☒
- INSIDE CITY LIMITS? Yes

USUAL RESIDENCE (Where deceased lived. If death occurred in institution, give residence before admission)

PARENTS

- IS DECEASED OF SPANISH DESCENT? (Yes specify Mexican, Cuban, Puerto Rican, etc.) YES ☐ NO ☒
- FATHER—NAME: Elmer Milton
- MOTHER—MAIDEN NAME: Nancy Coleman

DISPOSITION

- INFORMANT—NAME: Norma M. Milton
- RELATIONSHIP: Wife
- MAILING ADDRESS (Street or R.F.D. No., City or Town, State): 516 Lewis Street, Hammond, Indiana 46320
- BURIAL, CREMATION, REMOVAL, OTHER: Burial
- CEMETERY OR CREMATORY—FUNERAL HOME: Roselawn Cemetery
- LOCATION (City or Town, State): Roselawn, Indiana
- DATE: July 29, 1985
- FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State): LaHayne Funeral Home, Inc., 5746 Hohman Ave., Hammond, Indiana 46320

M.D. OR D.O.

- DATE SIGNED: 7/26/1985
- HOUR OF DEATH: 12:35 AM
- NAME OF ATTENDING PHYSICIAN (If any): Woods Lon M.D.
- MAILING ADDRESS—PHYSICIAN: 9108 Columbia Ave., Munster, Indiana 46321
- HEALTH OFFICER—SIGNATURE:
- DATE RECEIVED BY LOCAL HEALTH OFFICER: 7-29-85

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

CAUSE

(Enter only one cause per line for (a), (b) and (c).)

- PART I (a) IMMEDIATE CAUSE: Cardiopulmonary arrest
- DUE TO OR AS A CONSEQUENCE OF (b): severe chronic obstructive pulmonary disease
- DUE TO OR AS A CONSEQUENCE OF (c): prolonged paralytic ileus
- PART II (Other significant conditions—Conditions contributing to death but not related to cause given in PART I (a).): renal failure, sepsis coronary artery disease
- AUTOPSY (Yes or No): Yes

SBH 06-0031 REV. 10/77 State Form 35400

EMBALMER'S NAME: Richard Hall #3447 Eddie B. Hall #4115

FUNERAL DIRECTOR'S LICENSE No. 2013

SIGNATURE: Elmer D. LaHayne

FUNERAL DIRECTOR'S LICENSE No. 288

I CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THIS OFFICE

DEC 18 1985

STATE OF INDIANA, LAKE COUNTY, S.S.

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