

91008668

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH→ 3217 e. 730 d
M. Col., 46410

certification on reverse side

661

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Olmsted		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Indiana b. COUNTY Lake	
b. CITY, VILLAGE OR TOWNSHIP Rochester		c. CITY, VILLAGE OR TOWNSHIP Crown Point	
c. LENGTH OF STAY in 1 b. 19 days		d. STREET ADDRESS Rt. 3, Box 119 Crown Point, Indiana	
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION Mayo Clinic (Mayo Building)		POST OFFICE	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CORPORATE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) Varnum Clare Sherwood		4. DATE OF DEATH Month Day Year July 14, 1966	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED OR NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1906
9. AGE (in years last birthday) 60		10. IF UNDER 1 YEAR: Months Days Hours Min	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Steel	10b. KIND OF BUSINESS OR INDUSTRY U.S. Steel	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Truman Sherwood	13b. MOTHER'S MAIDEN NAME Elsie Sherwood	13c. SPOUSE'S NAME	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOC SEC NO 313-07-0491	17. INFORMANT'S OWN SIGNATURE J.L. Titus	ADDRESS Mayo Clinic Records, Rochester, Minnesota
--	--------------------------------------	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary insufficiency	minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c):	DUE TO (b) Coronary artery arteriosclerosis	3 yrs.
	DUE TO (c)	

19. DATE OF OPERATION 7-7-66	19a. MAJOR FINDINGS OF OPERATION Left renal infarction with hypertension	20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	---

20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY):	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)
--	---

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.) Lake County	CITY, VILLAGE OR TOWNSHIP Lake County	COUNTY	STATE
---	--	---	---	--------	-------

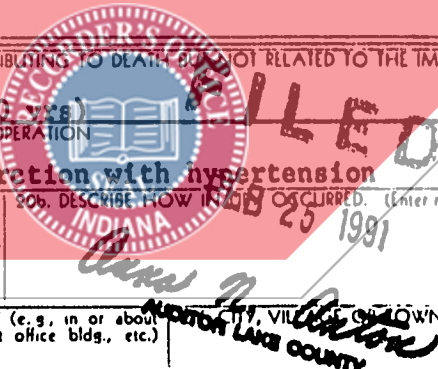
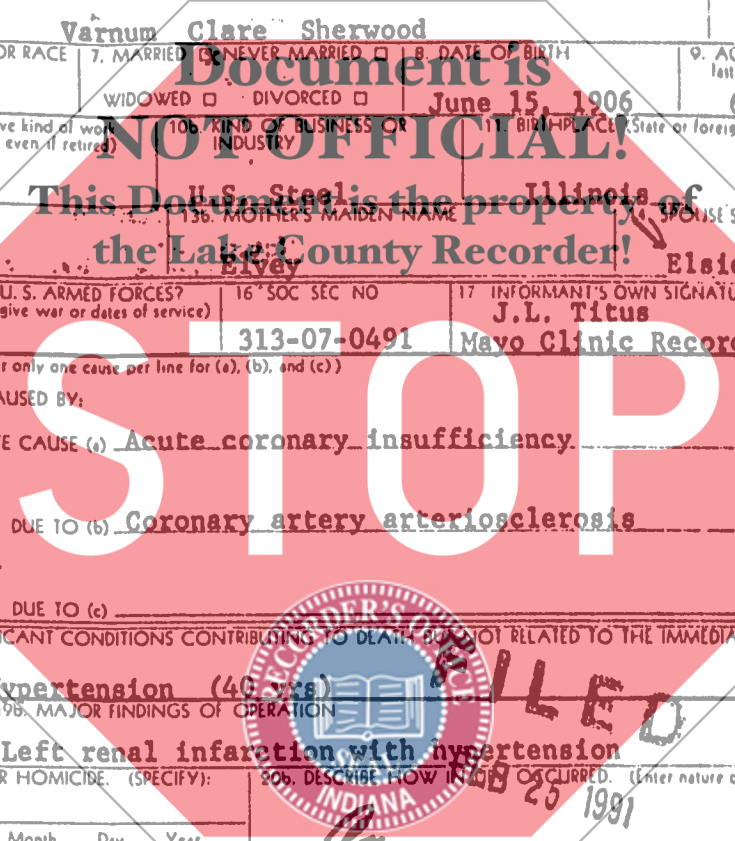
21. I certify I attended the deceased from June 25, 1966 , to July 14, 1966 , and that I last saw the deceased alive on July 14, 1966 and that death occurred at CDT 11:20 A. m on the date stated above and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J.L. Titus M.D.	22b. ADDRESS Rochester, Minnesota
22c. DATE SIGNED July 14, 1966	

23a. BURIAL CREMATION: REMOVAL (Specify) Removal	23b. DATE July 14, 1966	23c. NAME OF CEMETERY OR CREMATORY Gary, Indiana	23d. LOCATION (City, village or county) (State) Indiana
--	-----------------------------------	--	---

24. DATE FILED BY LOCAL REG. 7-24-66	25. REGISTRAR'S SIGNATURE Viktor O. Wilson	26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR James E. Riley	ADDRESS In/for Riley Funeral Home Rochester, Minnesota
--	--	---	--

27. SIGNATURE OF REGISTERED MORTICIAN OR FUNERAL DIRECTOR James E. Riley		ADDRESS In/for Riley Funeral Home Rochester, Minnesota
--	--	--

7-65 -1500
 J. J. Colmanway
 Lt 3 Bl 5
 # 3-19-1 # 22-23-2
 WRITE PLAINLY, WITH UNFADING BLACK INK
 MARGIN RESERVED FOR BINDING



Signature of Sub-Registrar James E. Riley
 7-14-66
 Burial or removal permit issued

State of Minnesota
County of Olmsted

I, Viktor O. Wilson, Registrar of Vital Statistics for Rochester
City, Minnesota, do hereby certify that this is a true and
correct copy of the original certificate of Death
as recorded in the books of this office.

Viktor O. Wilson
Registrar

Subscribed to and sworn to before me this 20 day of

July, A.D. 1966

E. M. McGovern
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder

E. M. McGovern
Notary Public, Olmsted County, Minn.
My Commission Expires April 3, 1970

STOP

