

91023656

REF To

Harper & Rogers  
1

## INDIANA STATE BOARD OF HEALTH

## MEDICAL CERTIFICATE OF DEATH

304 West  
US Hwy 6  
Valpo, In  
State 46383  
No.

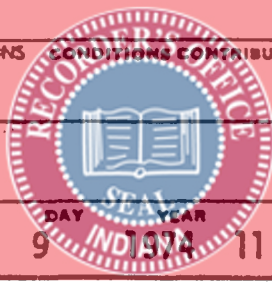
Local No. 425

01097

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. JOHN		MIDDLE J.		LAST ROLFE SR		2. MALE	
3. May 9, 1974		RACE W		AGE—LAST BIRTHDAY (YEARS) 61		DATE OF BIRTH (MONTH, DAY, YEAR) FEB 7 1913	
4. HAMMOND		CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c.		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. ST MARGARET	
5. ALABAMA		STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY USA		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. EVELYN BEESE	
6. WARD BAKING CO.		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13. WARD BAKING CO.		KIND OF BUSINESS OR INDUSTRY		11. EVELYN BEESE	
7. IND		RESIDENCE—STATE		COUNTY LAKE		CITY, TOWN OR LOCATION HAMMOND	
8. 6836 FORESTDALE		STREET AND NUMBER		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14. YES		TOWNSHIP 14b. NORTH	
9. PAUL		FATHER—NAME		MOTHER—MAIDEN NAME		15. EVELYN	
10. ROLFE		FIRST MIDDLE LAST		16. EMMY		SUTTER	
11. EVELYN		INFORMANT—NAME		RELATIONSHIP 17b. WIFE		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. SAME	
12. MAY 17 1991		DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (d))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		18. Carcinoma Stomach and Colon 5 yr	
13. MAY 17 1991		IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF:		IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF:		IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF:	
14. MAY 17 1991		OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/> 19a.	
15. MAY 9 1974		DATE & TIME OF DEATH		DATE SIGNED		19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
16. Dr. George G. Kelly, M.D.		PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHY. CODE NO.	
17. 7905 Calumet Ave.		MAILING ADDRESS—PHYSICIAN		CITY OR TOWN		STATE	
18. 7905 Calumet Ave.		MUNSTER, IND.		STATE		ZIP 46321	
19. BURIAL		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	
20. MAY 13, 1974		DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN	
21. KIRBY HURBER FUNERAL HOME		FUNERAL HOME—NAME AND ADDRESS		HEALTH OFFICER—SIGNATURE		STATE	
22. MAY 14 1974		DATE RECEIVED BY LOCAL HEALTH OFFICER		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	

FILED

MAY 17 1991

AUSTON N. CANTON  
AUDITOR LAKE COUNTY

MAY 9 11:35 AM 1974

MAY 10 1974

MAY 13, 1974

MAY 14 1974

113-3

OR PRINT  
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S IS A  
ANENT  
CORD

ate Office Use

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 286

No. 2497

SIGNATURE

LICENSE No. 156

EMBALMERS NAME: GEORGE E. DZYBCKY

John V. Huber

Signal  
ificate  
 No

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

MAY 10 1991

*Franklin D. Tremuda M.D.*

Date Issued

HAMMOND HEALTH COMMISSIONER

