

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

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
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R \_\_\_\_\_

Disposition-Permit  
Issued \_\_\_\_\_  
Provisional  
Certificate  
 Yes  No

91023656 <sup>RET</sup> To *Harper & Rogers Attn: Mitchell A. Peters - 304 What*  
INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH  
Local No. 425 *U.S. Hwy 6*  
*Valpo, In* State No. 46383

01097

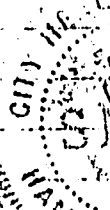
PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS	DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. JOHN		J.	ROLFE	SR	2. MALE	3. May 9, 1974	
	RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
	4. W	5a. 61	5b.	5c.	6. FEB 7 1913	7c. LAKE		
DECEASED	7b. HAMMOND		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7d. ST MARGARET			
	STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
	8. ALABAMA		9. USA		11. EWELYN BEESE			
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING SOME OF WORKING LIFE, EVEN IF RETIRED)		12b. WARD BAKING CO.			
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.	12. RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
	14a. IND		14b. LAKE	14c. HAMMOND	14d. YES	14e. NORTH		
	STREET AND NUMBER		CITY, TOWN OR LOCATION		13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		15. RESIDENCE ON A FARM?	
	14i. 6836 FORESTDALE		14j. FORESTDALE		14k. N/A		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PARENTS	FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
	15. PAUL		ROLFE			16. EMILY SUTTER		
INFORMANT—NAME	17a. EWELYN		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
	17b. EWELYN		17c. WIFE		17d. SAME			
PART I. DEATH WAS CAUSED BY.		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Carcinoma Stomach and Colon					5 yrs	
DUE TO, OR AS A CONSEQUENCE OF:		(b)						
DUE TO, OR AS A CONSEQUENCE OF:		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE					AUTOPSY	
							19a. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH DAY YEAR	
20. May 9 1974 11:35 AM		21a. May 10 1974						
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN			PHY. CODE NO.			
22a. Dr. George G. Kelly, M.D.		22b. <i>George G. Kelly</i>						
MAILING ADDRESS—PHYSICIAN		CITY OR TOWN		STATE	ZIP			
23. 7905 Calumet Ave.		Munster, Ind.		46321				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN STATE		
24a. BURIAL		24b. CALUMET PARK		24c. MERRILLVILLE		IND		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. MAY 13, 1974		24e. 6136 HURBER FUNERAL HOME						
25b.		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER				
		<i>George G. Kelly</i>		25a. MAY 14 1974				

FUNERAL HOME  
No. 286  
FUNERAL DIRECTOR'S  
LICENSE No. 2497  
ENBALMERS NAME: GEORGE E. D'YRACKY  
FUNERAL DIRECTOR'S  
SIGNATURE: *John V. Huber*

FILED  
MAY 17 1991



*Anna N. Antos*  
AUDITOR LAKE COUNTY



DISPOSITION