

91026578

PORTER COUNTY BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

This is an official copy of the record of death on file at the Porter County Health Department.

Clay A. Babcock, MD
Clay A. Babcock, M.D.

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

Key #s 19-125-748

Robert Buttrick E. May Snare Jains L. 215 + L. 216

EMBALMER'S NAME Roger A Young

LICENSE No. FDE 8601323

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. FDE 8601323

FUNERAL HOME No. 30016

FUNERAL HOME LICENSE No. FDE 8601323

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

DECEASED—NAME 1. James T Powers			SEX Male	DATE OF DEATH (MONTH DAY YEAR) 3-5-87
RACE White	AGE—(Last Birthday) 51	UNDER 1 YEAR MOSE DATE	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (MO DAY YR) 2-6-36
CITY, TOWN OR LOCATION OF DEATH Valparaiso		HOSPITAL OR OTHER INSTITUTION—Name of institution, give street and number. Porter Memorial Hospital		IF HOSP OR INST (Indicate ICD-9-CM Code) Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Tennessee	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If only give maiden name) Barbara Randolph	
SOCIAL SECURITY NUMBER 408-58-2611		USUAL OCCUPATION (Specify kind of work done during most of working life (Specify if retired)) Switchman		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Y or N or 12) NO
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Lake Station		KIND OF BUSINESS OR INDUSTRY L.T.V.
STREET AND NUMBER 2490 Howard Lake		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSURANCE LIMITS (Specify type or no) 15b ES
IS DECEASED OF SPANISH DESCENT?—If YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		STATE OF INDIANA / S.S. NO. FILED FOR RECORD		
FATHER—NAME FIRST MIDDLE LAST Fred T Powers	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Bertha Toothman		ROBERT (BAB) REBELMUND RECORDER	
INFORMANT—NAME (Type or print) Barbara Powers	RELATIONSHIP Wife	MAILING ADDRESS—STREET OR R.F.D. NO. CITY OR TOWN STATE 2490 Howard Lake Station IN 46405	STATE	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME Calvary	LOCATION CITY OR TOWN STATE Portage IN	46405
DATE (MONTH, DAY, YEAR) March 9, 1987	FUNERAL HOME—NAME AND ADDRESS Young Funeral Home, 1307 Central Lake Station IN		HOUR OF DEATH 10:55 A	
NAME OF ATTENDING PHYSICIAN (Type or Print) S. DESAI		DATE SIGNED (MO, DAY, YR) 3-10-87	HOUR OF DEATH	
MAILING ADDRESS—PHYSICIAN 804 E. GLENDARE BLVD., VALPARAISO, IN 46383		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-10-87		
HEALTH OFFICER'S SIGNATURE <i>Clay A. Babcock MD</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER		
CAUSE OF DEATH (Specify only ONE CAUSE PER LINE FOR (I, II, AND III)) Colon Cancer with brain metastasis		Interval between onset and death		
MAY BE AS A COMPLICATION OF		Interval between onset and death		
MAY BE AS A COMPLICATION OF		Interval between onset and death		
OTHER IMPORTANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a)		AUTOPSY (Specify Y or N) 600		

SBH 06-003 State Form 35430
REV. 10/77

Clay A. Babcock
CLAY A. BABCOCK
ALBION LAKE COUNTY

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