

Villa Shores 1st Add K.6 Bl:6  
Key # 18-219-6; unit # 27

PORTER COUNTY BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*Oates: Oates*  
101 W. 7th Pl.  
Merrillville 46410

1987

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.

92041389  
FUNERAL HOME No. 238  
FUNERAL DIRECTOR'S LICENSE No. 1374  
LICENSE No. 1204  
EMBALMER'S NAME: DAVID C. MAYER  
FUNERAL DIRECTOR'S SIGNATURE: *James T. Burns*

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  
tax  
mailing  
address

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE:

DECEASED—NAME FIRST MIDDLE LAST GAYLORD E. DOUGLAS		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) MARCH 4, 1987
RACE—(a) White (b) Black (c) American Indian (d) Other WHITE	AGE—(a) In Years (b) Months (c) Days 73	UNDER 1 YEAR MONTH DATE	UNDER 1 DAY HOURS MINUTES 8-2-1914
CITY, TOWN OR LOCATION OF DEATH CHESTERTON		HOSPITAL OR OTHER INSTITUTION—Name (if not on pages 1-3) street and number CHESTERTON HEALTH CARE CENTER	
STATE OF BIRTH (if not in U.S.A. name country) WEST VIRGINIA	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	SURVIVING SPOUSE (if wife give maiden name) PAULINE HOOPER
SOCIAL SECURITY NUMBER 312-05-6924	USUAL OCCUPATION (Give kind of work done during most of working life. Do not include housework) WEIGHMASTER-STOCKER	KIND OF BUSINESS OR INDUSTRY U.S. STEEL SHEETS & TIN MILL	
RESDENCE—STATE INDIANA	CITY, TOWN OR LOCATION HOBART	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 111 BEVERLY LANE	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) YES	
FATHER—NAME FIRST MIDDLE LAST OKEY VIRGIL DOUGLAS	MOTHER—MAIDEN NAME BERTHA ANN SKIDMORE	LAND	
INFORMANT—NAME (Type or print) RELATIONSHIP PAULINE DOUGLAS (WIFE)	MAILING ADDRESS 111 BEVERLY LANE,	CITY OR TOWN STATE ZIP HOBART, INDIANA 46342	
DISPOSITION BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME CALUMET PARK CEMETERY	LOCATION CITY OR TOWN STATE MERRILLVILLE, INDIANA	
DATE (MONTH, DAY, YEAR) MARCH 7, 1987	FUNERAL HOME—NAME AND ADDRESS BURNS FUNERAL HOME, 701 E. 7th ST., HOBART, IN. 46342	STREET OR R.F.D. NO., CITY OR TOWN STATE, ZIP	
21a. To the best of my knowledge, death occurred at the time, date and place stated on this certificate. Signature: <i>Owen H. Lucas Jr.</i>	DATE SIGNED (MO, DAY, YR) March 8, 1987	HOUR OF DEATH M	
21b. NAME OF ATTENDING PHYSICIAN (Type or Print) DR. OWEN H. LUCAS JR., M.D.	MAILING ADDRESS—PHYSICIAN: 700 SOUTH CALUMET ROAD, CHESTERTON, INDIANA 46304		
HEALTH OFFICER'S SIGNATURE <i>Clay A. Babcock, MD</i>	DATE RECEIVED BY LOCAL HEALTH OFFICER 3-10-87		
22. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) IN AND (b) IN) (a) Adeno carcinoma Bladder DUE TO, OR AS A CONSEQUENCE OF	22b. (ENTER ONLY ONE CAUSE PER LINE FOR (a) IN AND (b) IN) (a) (b) (c)		
23. OTHER SIGNIFICANT CONDITIONS—Conditions attendant on death but not related to cause given on PART 22 Pulmonary Emboli	AUTOPSY (Specify if any) NO		

THIS DOCUMENT IS NOT VALID UNLESS STAMPED ON REVERSE SIDE

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