

Turner - Meyn Park L. 264 h. 27, Bl. 7 Key # 36-254-26 Unit # 26

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

93016579

Local No.

922

00790

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

Below for State Office Use

FUNERAL HOME  
No. 280

FUNERAL DIRECTOR'S  
LICENSE No. 1783

LICENSE No. 1350

John C. Ault

EMBALMER'S NAME

FUNERAL DIRECTOR'S  
SIGNATURE

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
DEC 15 1980

*Frank J. Sporn*  
HAMMOND HEALTH COMMISSIONER

Date Issued

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.

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

CAUSE

DECEASED - NAME FIRST MIDDLE LAST HELEN A. CAUBLE			SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) DECEMBER 12th, 1980	
RACE - 10 a White (See American Indian on p. 1200 of 1)	AGE - 1200 b Under (79)	UNDER 1 YEAR MO. DATE	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo. Day Year)	COUNTY OF DEATH
White	61			Oct. 21, 1919	Lake
CITY, TOWN OR LOCATION OF DEATH 7b Hammond		HOSPITAL OR OTHER INSTITUTION - Name of inst. or other, give street and number 7c St. Margaret Hospital		IF HOSP. OR INST. include DOA or Emer. Rm. Program (Specify) 7d inpatient	
STATE OF BIRTH (If not U.S. & foreign country) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Gordie Cauble		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify type of service) 12 no
SOCIAL SECURITY NUMBER 13 316-03-5088		USUAL OCCUPATION (Give kind of work done during most of working life. Begin - stopped) 14a Homemaker		KIND OF BUSINESS OR INDUSTRY 14b	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond		DATE OF DEATH MAR 16 1983	
STREET AND NUMBER 16a 6424 Arizona Avenue		IS RESIDENCE ON A FARM? 16b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify lot or no.) 16c YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. 17a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME FIRST MIDDLE LAST 18 Mike Vostinari		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Helen Stani			
INFORMANT - NAME (If spouse or parent) 18a Mr. Gordie Cauble		RELATIONSHIP 18b	MAILING ADDRESS STREET OR R.F.D. NO. 6424 Arizona Avenue	CITY OR TOWN Hammond	STATE ZIP Indiana 46323
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Elmwood Cemetery		LOCATION CITY OR TOWN STATE 19c Hammond, Indiana	
DATE (MONTH DAY YEAR) 20a December 16, 1980		FUNERAL HOME - NAME AND ADDRESS 20b Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 20c	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>FR</i>		DATE SIGNED (Mo. Day Year) 21b 12-13-80		HOURS OF DEATH 21c 2:36 Pm	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <i>FR</i>		MAILING ADDRESS - PHYSICIAN 21e 9201 Beech Ave. Munster, IN 46321		FILED FOR RECORDS 9 52 AM	
HEALTH OFFICER - SIGN 22a <i>Frank J. Sporn M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b DEC 15 1980		STATE OF INDIANA / S.S. NO.	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))		INTERNAL BETWEEN ONSET AND DEATH			
(a) CARDIAC ARREST		INTERNAL BETWEEN ONSET AND DEATH			
(b) DUE TO OR AS A CONSEQUENCE OF ISCHEMIC HEART DISEASE		INTERNAL BETWEEN ONSET AND DEATH		Unknown	
(c)		INTERNAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		24	

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