93021244

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

LTIC # 55011

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

Below for State Office Use

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FUNERAL HOME No. 306

LICENSE NO. FILED IN THIS OFFICE ON 1982 FUNERAL DIRECTOR'S LICENSE No. 2012

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 1017-82

State No: 00034

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME (First, Middle, Last): Norval C. Hyden
2 SEX: Male
3 DATE OF DEATH (Month Day Year): June 26, 1982
4 RACE—(e.g. White, Black, American Indian, etc.) (Specify): White
5a AGE—Last Birthday (Yrs.): 69
5b UNDER 1 YEAR — MOS / DAYS
5c UNDER 1 DAY — HOURS / MINS
6 DATE OF BIRTH (Mo. Day Yr.): 9-28-1912
7a COUNTY OF DEATH: Lake
7b CITY, TOWN OR LOCATION OF DEATH: Hobart
7c HOSPITAL OR OTHER INSTITUTION (Name if not in either; give street and number): St. Mary Medical Center
7d IF HOSP OR INST (Indicate DOA, OP (Emer Rm Inpatient) (Specify)): Inpatient
8 STATE OF BIRTH (If not in U.S.A. name country): Indiana
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Helen Olson
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 313-07-0406
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
14b KIND OF BUSINESS OR INDUSTRY: U.S. Steel

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

15a RESIDENCE—STATE: Indiana
15b COUNTY: Lake
15c CITY, TOWN OR LOCATION: Lake Station
15d STREET AND NUMBER: 2856 Elkhart Street
16a IS RESIDENCE ON A FARM? YES ☐ NO ☒
16b INSIDE CITY LIMITS (Specify Yes or No): Yes
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

18 FATHER—NAME (First, Middle, Last): Claude Hyden
17 MOTHER—MAIDEN NAME (First, Middle, Last): Amanda Anderson

19a INFORMANT—NAME (Type or print): Helen Hyden
19b RELATIONSHIP: wife
19c MAILING ADDRESS (Street or R.F.D. No.): 2856 Elkhart Street
19d CITY OR TOWN: Lake Station
19e STATE: IN
19f ZIP: 46405

DISPOSITION

20a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
20b CEMETERY OR CREMATORY—FUNERAL HOME: Calvary Crematory
20c LOCATION (City or Town, State): Portage, Indiana
20d DATE (Month Day, Year): June 29, 1982
20e FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart IN 46342-4198

21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature): Robert Wylie
21b DATE SIGNED (Mo. Day Yr.): 6-29-82
21c HOUR OF DEATH: 11:35 A M
21d NAME OF ATTENDING PHYSICIAN (Type or Print): Robert Wylie M.D.
21e MAILING ADDRESS—PHYSICIAN: 1356 South Lake Park Avenue, Hobart, Indiana 46342

22a HEALTH OFFICER—SIGNATURE: Peter Stern, MD
22b DATE RECEIVED BY LOCAL HEALTH OFFICER: July 2, 1982

CAUSE

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)).
PART I (a) Cardiopulmonary arrest — Interval between onset and death:
DUE TO OR AS A CONSEQUENCE OF
(b) — Interval between onset and death:
DUE TO OR AS A CONSEQUENCE OF
(c) — Interval 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): No

occult neoplasm, coccidioidomycosis, generalized arteriosclerosis, old age, unresolved spontaneous pneumothorax, emphysema.

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

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