

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

Below for State Office Use

KEY 21-66-22
A 72 HOD TO
B NEW CHICAGO
C ALL. LOT 22
D W. 13 FT LOT 23
E E. 9 FT LOT 24

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J
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LICENSE No. FDE1004194

EMBALMER'S NAME JAMES W. GROLSTON

FUNERAL HOME No. FDH3003069
FUNERAL DIRECTOR'S LICENSE No. FDE1041083
FUNERAL DIRECTOR'S SIGNATURE *Donald J. Reed*

Local No. 94025260
3014-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 11111
9-2001

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 1 JAMES N. BOLEN		SEX 2 MALE	DATE OF DEATH 3 NOVEMBER 07, 1987
RACE 4 WHITE	AGE 5a 75	UNDER 1 YEAR 5b UNDER 1 DAY 5c	DATE OF BIRTH 6 10-22-1912
CITY, TOWN OR LOCATION OF DEATH 7a HOBART		HOSPITAL OR OTHER INSTITUTION 7c ST. MARY MEDICAL CENTER	
STATE OF BIRTH 8 ILLINOIS	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED 10 MARRIED	SURVIVING SPOUSE 11 MARGARET M. APPLETON
SOCIAL SECURITY NUMBER 13 342-01-8910		USUAL OCCUPATION 14a MOTOR INSPECTOR	KIND OF BUSINESS OR INDUSTRY 14b U.S. STEEL
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c HOBART	
STREET AND NUMBER 15d 414 E. MADISON STREET		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
FATHER—NAME 16 GEORGE BOLEN (DECEASED)		MOTHER—MAIDEN NAME 17 MARTHA KIRK (DECEASED)	
INFORMANT—NAME (Full or given) 18a MARGARET BOLEN		RELATIONSHIP 18b WIFE	
MAILING ADDRESS 18c 414 E. MADISON STREET, HOBART, IN 46342		CITY OR TOWN 18d HOBART	
BURIAL, CREMATION, REMOVAL, OTHER 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b DENNING CEMETERY	
DATE 20a NOVEMBER 12, 1987		FURNERAL HOME—NAME AND ADDRESS 20b Rees Funeral Home, 600 West Ridge Road, Hobart, Indiana 46342-488	
To the best of my knowledge death occurred at the place and date on the certificate signed 21a <i>Peter Hamang</i>		DATE SIGNED 21b	HOUR OF DEATH 21c 07:42 A.M.
NAME OF ATTENDING PHYSICIAN (Full or First) 21d PETER HAMANG		MAILING ADDRESS—PHYSICIAN 21e 900 W. RIDGE ROAD HOBART, IN 46342	
HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b NOVEMBER 9, 87	
IMMEDIATE CAUSE PART I (a) Acute Myocardial Infarct		TIME OF DEATH 23 10mn	
(b) Hypertension and Coronary Artery Disease		TIME OF DEATH 23 10gr	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) and (b) PART II		AUTOPSY 24 NO	

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

Paul N. Antone
MEDICOR LAKE COUNTY

APR 5 1987

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