

RETURN TO: 4785 MADISON ST  
 TYPE OR PRINT PLAINLY WITH UNFADING INK  
 THIS IS A PERMANENT RECORD

INDIANA STATE BOARD OF HEALTH  
 DIVISION OF VITAL RECORDS  
 MEDICAL CERTIFICATE OF DEATH

State No. 15-250-41

1. PLACE OF DEATH & COUNTY <b>Lake</b>		1. USUAL RESIDENCE (If have domestic travel, if necessary, mention before address) a. STATE <b>Indiana</b> b. COUNTY <b>Lake</b>	
2. CITY, TOWN, OR LOCATION <b>Gary</b>		2. CITY, TOWN, OR LOCATION <b>Gary</b>	
3. NAME OF HOSPITAL OR INSTITUTION <b>Methodist Hospital</b>		3. STREET ADDRESS <b>4785 Madison St.</b>	
4. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. NAME OF DECEASED <b>Denny Nichols</b>		5. DATE OF DEATH <b>May 11th 1963</b>	
6. SEX <b>Male</b>		6. DATE OF BIRTH <b>Feb 22 1913</b>	
7. COLOR OF HAIR <b>White</b>		7. AGE (in years, months, & days) <b>50</b>	
8. PLACE OF BIRTH <b>Clerk Confectionary Store Self Empl. Macedonia</b>		8. BIRTHPLACE (State or foreign country) <b>V. S.</b>	
9. FATHER'S NAME <b>Jim Nichols</b>		9. MOTHER'S MAIDEN NAME <b>Christina Gustafson</b>	
10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>No</b>		10. INFORMANT'S NAME <b>Ira Nichols</b>	
11. INFORMANT'S ADDRESS <b>4785 Madison St.</b>		11. RELATIONSHIP TO DECEASED <b>Wife</b>	
12. CAUSE OF DEATH (State only one cause; put for (a), (b), and (c).) IMMEDIATE CAUSE (a) <b>Carcinoma of the Pancreas</b> DUE TO (b) <b>metastases</b> DUE TO (c)			
13. INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>			
14. ACCIDENT, SUICIDE, HOMICIDE, OR OTHER UNNATURAL DEATH OCCURRED. (Cause means of injury in Part II of this form.)			
15. TIME OF INJURY Hour <b>10:00</b> Month <b>5</b> Day <b>11</b> Year <b>1963</b>			
16. PLACE OF INJURY (Home, farm, factory, school, etc.)			
17. CITY, TOWN, OR LOCATION			
18. ATTENDING PHYSICIAN: I certify that I attended the deceased from <b>1962</b> on <b>5/11/63</b> and last saw her alive on <b>5-8-63</b> Death occurred at <b>10:00</b> (C.S.T.) on the date stated above, and to the best of my knowledge, from the cause stated.		19. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred on <b>5-11-63</b> (C.S.T.) from cause stated and on above date.	
20. SIGNATURE OF PHYSICIAN <b>Edward J. Dzialowski</b>		20. ADDRESS <b>504 Broadway</b>	
21. SIGNATURE OF HEALTH OFFICER <b>P. J. Rosenblom</b>		21. ADDRESS <b>Jack &amp; Stillmevich Gary Ind.</b>	
22. SIGNATURE OF FUNERAL DIRECTOR <b>Jack &amp; Stillmevich</b>		22. ADDRESS <b>Gary Ind.</b>	

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FURNAL DIRECTOR'S LICENSE NO. 1005372  
 REGISTRAR'S NAME: Ervin B. Cook  
 MEDICAL PROFESSION

SAM OPLICH  
 AUDITOR LAKE COUNTY

Disposition Form  
 Issued / /  
 Provisional Certificate  
 Yes  No

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 MAY 13 1963  
 REC'D