

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

Below for State Office Use

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

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Disposition Permit  
Issued / /

Provisional  
Certificate  
 Yes  No

LICENSE No. 646

EMBALMER'S NAME  
J. Krause

FUNERAL HOME  
306

FUNERAL DIRECTOR'S  
2012

FUNERAL DIRECTOR'S  
SIGNATURE

Local No. 108-76

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 203

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED--NAME FIRST MIDDLE LAST Cecil J. Carter			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) February 1, 1976
1. RACE White	2. AGE--LAST BIRTHDAY (YEARS) 61	3. UNDER 1 YEAR MOB. DAYS	4. UNDER 1 DAY HOURS MIN.	5. DATE OF BIRTH (MONTH, DAY, YEAR) 7-13-1914	6. COUNTY OF DEATH Lake	
7a. CITY, TOWN, OR LOCATION OF DEATH Hobart		7b. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	7c. HOSPITAL OR OTHER INSTITUTION--NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Mary Medical Center			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME, COUNTRY) Illinois		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Alma Drake	
12. SOCIAL SECURITY NUMBER 317-09-8932		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Craneman		13b. KIND OF BUSINESS OR INDUSTRY U.S. Steel Sheet & Tin		
14a. RESIDENCE--STATE Indiana		14b. COUNTY Lake	14c. CITY, TOWN OR LOCATION Hobart	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	14e. TOWNSHIP Hobart	
15. STREET AND NUMBER 16 E. Cleveland Terrace		16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
18. FATHER--NAME Ewel Carter (deceased)		19. MOTHER--MAIDEN NAME Anna Gholson (deceased)				
20. INFORMANT--NAME Alma Carter		21. RELATIONSHIP Wife		22. MAILING ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP) 16 E. Cleveland Tr., Hobart, IN 46342		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
18. IMMEDIATE CAUSE		(a) Acute Myocardial Infarction			9 FEB 23 1976	
CONDITIONS, IF ANY WHICH CAME RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Cirrhosis of Liver			STATE OF INDIANA	
CAUSE		(c) OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE			RECORDED & INDEXED	
19a. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19b. IF YES WERE FINDINGS CONFIRMED IN DETERMINING CAUSE OF DEATH YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			FEB 28 1976	
20. DATE & TIME OF DEATH 1-1976		21. MONTH DAY YEAR 2-2-1976		22. SIGNATURE OF PHYSICIAN SAM ORLICH		
23. LAST IN ATTENDANCE Phillip E. Kellar, M.D.		24. MAILING ADDRESS, PHYSICIAN 004 West Ridge Road, Hobart, Indiana		25. PHYSICIAN'S ADDRESS 600 W. Ridge Rd., Hobart, IN 46342		
26. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		27. CEMETERY, CREMATORY, FUNERAL HOME Calumet Park Cemetery		28. LOCATION Merrillville, Indiana		
29. DATE (MONTH, DAY, YEAR) 2-4-1976		30. FUNERAL HOME--NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		31. HEALTH OFFICER'S SIGNATURE E. Cardonson		
32. DATE RECEIVED BY LOCAL HEALTH OFFICER		33. SIGNATURE				

1133

→ E. Cardonson

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OKH 1700

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