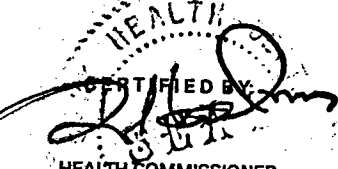


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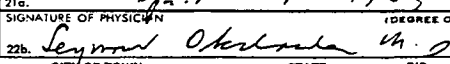
FILED NO. 961
 Fee \$11.00 BOOK 41 PAGE 658
 93 OCT 12 AM 11:42
 MICHELLE UTSLER
 RECORDER
 MADISON COUNTY, IOWA

HEALTH
 CERTIFIED BY

 HEALTH COMMISSIONER
 CITY OF GARY, IND.
 DATE SEP 28 1969
 GARY, IND.

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

Local No. 69-0517

State No. DE.P.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS	DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. NORA				BEELER	FEMALE	APRIL 4, 1969
	2. RACE	3. AGE—LAST BIRTHDAY (YEARS)	4. UNDER 1 YEAR MOB. DAYS	5. UNDER 1 DAY HOURS	6. MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
	4. WHITE	5a. 94	5b.	5c.		7/9/74	7. LAKE
	8. CITY, TOWN, OR LOCATION OF DEATH		9. INSIDE CITY LIMITS (SPECIFY YES OR NO)		10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
	7b. GARY		7c. YES		7d. METHODIST HOSPITAL		
	11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		12. CITIZEN OF WHAT COUNTRY		13. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
	8. IOWA		9. USA		10. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 11. NONE		
	12. SOCIAL SECURITY NUMBER		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		14. KIND OF BUSINESS OR INDUSTRY		
	12. [REDACTED]		13a. HOUSEWIFE		13b. AT HOME		
DECEASED	12. RESIDENCE—STATE		13. COUNTY		14. CITY, TOWN OR LOCATION		15. INSIDE CITY LIMITS (SPECIFY YES OR NO)
	12. INDIANA		13. LAKE		14. GARY		15. YES
	16. STREET AND NUMBER		17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		18. IS RESIDENCE ON A FARM? (If yes, give war or dates of service)		19. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	16. 601 Van Buren St.		17. no		18. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. CLAIMED
	15. FATHER—NAME		16. MOTHER—MAIDEN NAME		17. RELATIONSHIP		
	15. WILLIAM HENRY DEARDORFF		16. SARAH E. SIMMONS		17. DAUGHTER		
	18. INFORMANT—NAME		19. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		20. MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
	18. BERNICE R. BEELER		19. 601 Van Buren St., Gary, Ind.		20. 601 Van Buren St., Gary, Ind.		
	PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
	18. IMMEDIATE CAUSE						
(a) <u>Cerebral thromboses</u>							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST							
(b) _____							
(c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)							
<u>Generalized Arteriosclerosis</u>							
DATE & TIME OF DEATH							
20. April 4 1969 6:45pm							
DATE SIGNED							
21. April 7 1969							
PHYSICIAN'S NAME (TYPE OR PRINT)							
22. Dr. Seymour Oberlander							
SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)							
							
MAILING ADDRESS—PHYSICIAN							
23. 3290 Grant St. Gary Indiana							
BURIAL, CREMATION, REMOVAL							
24. PERU CEMETERY PERU, IOWA							
DATE (MONTH, DAY, YEAR)							
24d. 4/7/69							
FURNAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
25. BURNS MEMORIAL CHAPEL, INC. 675 Adams St., Gary, Ind.							
HEALTH OFFICER'S SIGNATURE							
26a. P. J. Casenbloom, M.D.							
DATE RECEIVED BY LOCAL HEALTH OFFICER							
26b. APR 9 1969							

NATURE: contingency