

18468

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Disposition Permit  
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 Yes  No

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S. 5

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INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

69-150-H  
PNTF  
NEIFEL & BEHNKE  
ATTORNEYS AT LAW  
081 EAST THIRD  
COBART INDIANA 46322

Local No. 18468

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Harold Vincent 2. Male 3. Jan 31, 1969

RACE AGE—LAST BIRTHDAY (YEARS) MO. DAY UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH COUNTY OF DEATH

4. white 5a. 77 5b. 5c. 8-15-1891 7a. Porter

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Valparaiso 7c. yes 7d. Porter Memorial Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. USA 10. WIDOWED  DIVORCED  11. Nell West

SOCIAL SECURITY NUMBER LEGAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KING OF BUSINESS OR INDUSTRY

12. 312-05-9157 13a. Retired 13b. Anderson Co

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Lake 14c. Crown Point 14d. yes 14e. center

14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) 14h. RESIDENCE ON A FARM? (Yes, no, or unknown) If yes, give war or dates of service)

yes WW #1 14h. YES  NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Daniel Vincent 16. Emma Jane Underwood

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Clyde J West 17b. Nephew 17c. 745 W 44th Pl Gary, Ind 46403

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) IMMEDIATE CAUSE Pneumonitis 20 days

(b) DUE TO, OR AS A CONSEQUENCE OF, Pulmonary Embolism 1 year

(c) DUE TO, OR AS A CONSEQUENCE OF, [unclear]

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES  NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. 1 31 1969 4:20 A.M. 21b. 1 31 1969

PHYSICIAN'S NAME (TYPE OR PRINT) SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)

22a. ROBERT Y. LEE, M.D. 22b. Robert Y. Lee, M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 808 E LINCOLNWAY VALPARAISO IND. 46383

BURIAL, CREMATION, OR OTHER DISPOSITION (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24. Burial 24a. Calumet Park Cemetery 24c. Merrillville, Indiana

24b. 303, 1969 24d. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

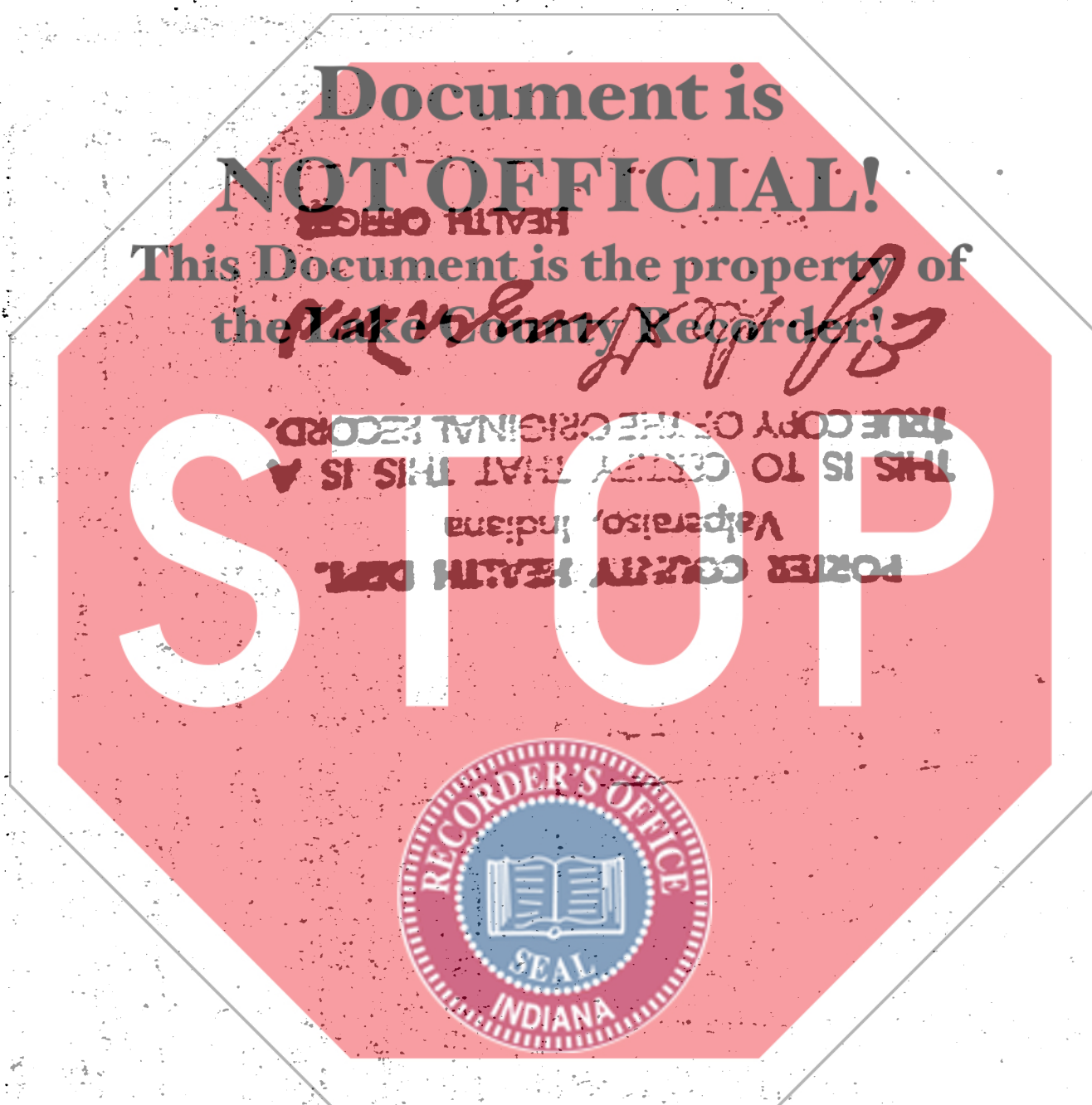
24e. Geison Funeral Home, Inc 109 N East St Crown Point, Ind 46307

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25a. Ralph E. Geison 25b. Jan 31 1969



18468



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