

53077

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THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
MAR 21 1969  
Date issued

FUNERAL HOME No. 285  
LICENSE No. 146  
FUNERAL DIRECTOR'S LICENSE No. 680  
RECORDED'S OFFICE  
EMBALMER'S NAME  
FUNERAL DIRECTOR'S SIGNATURE

53077

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Evelyn S Fitch  
7407 White Oak Ave  
Hammond Ind.  
State No. 10

Local No. 271

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST Arnold Kriss			2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) 3-20-69
4. RACE White	5a. AGE—LAST BIRTHDAY (YEARS) 78	5b. UNDER 1 YEAR MOB. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) 3-3 1891
7a. CITY, TOWN, OR LOCATION OF DEATH Hammond			7b. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7407 White Oak Ave.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Indiana		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Elta Newburn
11. SOCIAL SECURITY NUMBER 306-01-7238		12. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Finisher		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Hammond
14a. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		14b. TOWNSHIP North		14c. STREET AND NUMBER 7407 White Oak Ave.
14d. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			14e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15. FATHER—NAME FIRST MIDDLE LAST William Kriss			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Elizabeth Porter	
17a. INFORMANT—NAME Evelyn Kriss			17b. RELATIONSHIP Wife	
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 7407 White Oak Ave. Hammond, Ind.				
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				
19. IMMEDIATE CAUSE (a) Central Thrombosis (b) arteriosclerotic cardiovascular disease				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20. DATE & TIME OF DEATH March 20 1969 4AM			21. DATE SIGNED Mar 21 1969	
22a. PHYSICIAN'S NAME (TYPE OR PRINT) Jerome A. Snyder M.D.			22b. SIGNATURE OF PHYSICIAN Jerome A. Snyder M.D.	
23. MAILING ADDRESS—PHYSICIAN 7905 Calumet			23. CITY OR TOWN STATE ZIP Munster, Indiana 46321	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			24b. CEMETERY, CREMATORY, FUNERAL HOME Elwood	
24c. DATE (MONTH, DAY, YEAR) 3-22-69			24d. LOCATION Hammond, Indiana	
25a. DISPOSITION 3-22-69			25b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) C. J. Haber 722-165th St. Hammond, Indiana 46324	
25c. HEALTH OFFICER—SIGNATURE C. E. Frankowski M.D.			25d. DATE RECEIVED BY LOCAL HEALTH OFFICER MAR 21 1969	

