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

Local No. 299-70

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

SBH 113-3

State No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Astrid S. Carlson 2. Female 3. May 19, 1970

RACE (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. Caucasian 5a. 68 5b. 5c. 6. Oct 5, 1902 7. Lake

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)
8. Hobart 7c. Yes 7d. Residence - 304 West 3rd Street

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
9. Chicago, Illinois 9. U.S.A. 10. Married 11. Nils Martin Carlson

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. 13a. Housewife 13b. Homemaker

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. Indiana 14b. Lake 14c. Hobart 14d. Yes 14e. Hobart Township

STREET AND NUMBER IS RESIDENCE ON A FARM?
14f. 304 West 3rd Street 14g. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Ivar Larson 16. Jenny Lind

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Nils Martin Carlson 17b. Husband 17c. 304 West 3rd Street, Hobart, Indiana

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) Myocardial infarction unknown

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) arteriosclerotic heart disease 4 years

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. NO 19b.

DEATH OCCURRED (HOUR) THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR DATE SIGNED (MONTH, DAY, YEAR)
20a. 5:30 P.M. 20b. 5 19 70 6:00 P.M. 21a. 5/20/70

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)
22a. JOHN C. CARTER 22b. John C. Carter MD

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23. 295 S. Wisconsin, Hobart Ind 46542

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME CITY OR TOWN STATE FUNERAL HOME NUMBER
24a. Burial 24b. Evergreen Memorial Park Hobart, Indiana 305

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. May 22, 1970 24e. Jones & Frum - Hobart Memorial Chapel, 7th & Lincoln, Hobart, Ind.

FUNERAL DIRECTOR SIGNATURE HEALTH OFFICER SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
25a. 25b. 26b. MAY 22, 1970

Disposition Permit Issued / / Provisional Certificate Yes No

FURNERAL DIRECTOR'S LICENSE EXPIRES 28 1970

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