

57632A

TYPE OR PRINT  
PLAINLY WITH  
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THIS IS A  
PERMANENT  
RECORD

576329

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

259

Local No. 165-80

1 DECEASED—NAME <b>Lester E. Speers Sr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>January 27, 1940</b>
2 RACE <b>White</b>	3 AGE <b>42</b>	4 DATE OF BIRTH <b>1-27-1940</b>	5 COUNTY OF BIRTH <b>Lake</b>
6 CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>	7 HOSPITAL OR OTHER INSTITUTION <b>St. Anthony's Hosp.</b>		8 INPATIENT OR OUTPATIENT <b>Inpatient</b>
9 STATE OF BIRTH <b>Missouri</b>	10 COUNTRY OF BIRTH <b>USA</b>	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	12 SURVIVAL SPOUSE <b>Lorraine (Newcomb)</b>
13 SOCIAL SECURITY NUMBER <b>321 10 8447</b>	14 USUAL OCCUPATION <b>Pipefitter</b>	15 KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
16 RESIDENCE—STATE <b>Indiana</b>	17 COUNTY <b>Lake</b>	18 CITY, TOWN OR LOCATION <b>Schneider</b>	19 IS RESIDENCY ON A FARM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19a 10305 West 244th Ave.		19b	
20 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
21 FATHER—NAME <b>Frank Speers</b>		22 MOTHER'S MAIDEN NAME <b>Alice</b>	
23 INFORMANT—NAME <b>Mrs. Lorraine Speers</b>		24 MAILING ADDRESS <b>10305 W. 244th Ave Schneider, IN 46376</b>	
25 BURIAL, CREMATION, REMOVAL, OTHER <b>Burial</b>		26 COUNTRY OR CEMETERY <b>Chapel Lawn Memorial Gardens, Schererville, In.</b>	
27 DATE <b>1-30-1980</b>		28 FUNERAL HOME <b>Sheets Funeral Home 604 E. Comm. Ave. Lowell, In. 46356</b>	
29 NAME OF ATTENDING PHYSICIAN <b>David B. Templin M.D.</b>		30 DATE SERVED <b>1/29/80</b>	31 HOUR OF DEATH <b>12:45 P.M.</b>
32 MAILING ADDRESS—PHYSICIAN <b>308 E. Comm. Ave. Lowell, In. 46356</b>		33 HEALTH OFFICER—SIGNATURE <b>Peter Tracy M.D.</b>	
34 DATE RECEIVED BY LOCAL HEALTH OFFICER <b>2-1-80</b>		35	
36 CAUSE OF DEATH <b>Peritonsillitis (Streptococcus hemolyticus) Atherosclerosis, Heart disease with failure</b>			

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Disposition Form issued  
Provisional Certificate  
 Yes  No

HEALER'S NAME  
GENERAL DIRECTOR'S SIGNATURE

FILED  
MAR 7 1980  
LAKE COUNTY

Below for State Office Use

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