

606934

MINUTE WITH  
EXPANDING INFO  
THIS IS A  
PERMANENT  
RECORD  
KEY 7-27-11  
NO SW  
533T34RP  
72.528 Ac  
COMPLETE COPY OF THE MEDICAL CERTIFICATE OF DEATH  
ON FILE WITH THE LAKE COUNTY HEALTH DEPT.  
LIVER'S NAME  
DIRECTOR'S  
NOV 13 1980  
AUDITOR LAKE COUNTY

Local No. 12:5-74

MEDICAL CERTIFICATE OF DEATH

John W. Kenyon  
No. 126  
D. 46347

PERMANENT INFO SHEET HANDBOOK FOR REGISTRARS

DECEASED NAME: **Grace Paarlberg** Female  
 RACE: **White** AGE—LAST BIRTHDAY (YEARS): **89** UNDER 1 YEAR WED. OR 1 DAY UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR): **7/6/1885** COUNTY OF DEATH: **Lake**

DECEASED: **Crown Point** INHABITANT (SPECIFY YES OR NO): **Yes** HOSPITAL OR OTHER INSTITUTIONAL NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **809 E. South Street**

USUAL RESIDENCE WHERE DECEASED LIVED: **Illinois** STATE OF BIRTH (IF NOT IN U.S.A.): **USA** CITIZEN OF WHAT COUNTRY: **USA** MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE HUSBAND'S NAME): **WIDOWED**

SOCIAL SECURITY NUMBER: **309-48-1228** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING YEARS, EVEN IF RETIRED): **Housewife** KIND OF BUSINESS OR INDUSTRY:

RESIDENCE—STATE: **Indiana** COUNTY: **Lake** CITY, TOWN OR LOCATION: **Crown Point** INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes** TOWNSHIP: **Center**

FATHER—NAME: **Corstiaan Int-Hout** MOTHER—MAIDEN NAME: **Pietretje Ton**

INFORMANT—NAME: **Russell** RELATIONSHIP: **Son** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **12512 Grant St., Crown Point, Ind, 46307**

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

(a) IMMEDIATE CAUSE: **Probable M. I., acute**  
 (b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: **History of arteriosclerosis, recent**  
 (c) APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH: **Known 3-4 years**

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (a): **Appendiceal abscess**

DATE & TIME OF DEATH: **November 17 1974 9:00P.M.** DATE SIGNED: **November 17 1974**

PHYSICIAN'S NAME (TYPE OR PRINT): **Arthur Beckman, M.D.** SIGNATURE OF PHYSICIAN: **Arthur Beckman, M.D.** PHY. CODE NO.:

MAILING ADDRESS—PHYSICIAN: **12110 Grant Street Crown Point Indiana 46307**

HOSPITAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY, CREMATION, FUNERAL HOME: **Maplewood Cemetery** LOCATION: **Crown Point Indiana**

DATE (MONTH, DAY, YEAR): **November 20, 1974** FUNERAL HOME—NAME AND ADDRESS: **Geisen Funeral Home, Inc., 109 N. East St., Crown Point, Indiana 46307**

HEALTH OFFICER—SIGNATURE: **Peter Stacy, M.D.** DATE RECEIVED BY LOCAL HEALTH OFFICER: **November 19, 1974**

FILED  
NOV 13 1980

AUDITOR LAKE COUNTY

STATE OF INDIANA  
LAKE COUNTY

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