618350

LAWYERS TITLE INS.
7899 BROADWAY
MERRILLVILLE, INDIANA 46410

618350

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 676-79

State No.

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

Below for State Office Use

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

FUNERAL HOME 306

FILED

DECEASED FEB 18 1901

LICENSE No. 646

LICENSE No. 2011

EMBALMER'S NAME J. Kreag

FUNERAL DIRECTOR'S SIGNATURE

LAKE COUNTY HEALTH COMMISSIONER

DISPOSITION

CONSENTS

M.D. OR D.O.

CAUSES

1. DECEASED—NAME: Helen Harris
2. SEX: Female
3. DATE OF DEATH: May 12, 1979
4. RACE: White
5a. AGE: 50
5b. UNDER 1 YEAR
5c. UNDER 1 DAY
6. DATE OF BIRTH: 2-6-1929
7. COUNTY OF DEATH: Lake
8a. CITY, TOWN OR LOCATION OF DEATH: Hobart
8b. HOSPITAL OR OTHER INSTITUTION: St. Mary Medical Center
8c. Inpatient
9. STATE OF BIRTH: West Virginia
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
12. SURVIVING SPOUSE: Neil D. Harris
13. WAS DECEDENT EVER IN U.S. ARMED FORCES: no
14. SOCIAL SECURITY NUMBER: 381-22-0724
15. USUAL OCCUPATION: Bartender
16. KIND OF BUSINESS OR INDUSTRY: Am. Legion - Post 100
17a. RESIDENCE—STATE: Indiana
17b. COUNTY: Lake
17c. CITY, TOWN OR LOCATION: Hobart
17d. STREET AND NUMBER: 544 N. Wisconsin St.
17e. IS RESIDENCE ON A FARM? ☐ YES XXX
17f. INSIDE CITY LIMITS? yes
18a. IS DECEASED OF SPANISH DESCENT? ☐ YES XXX
18b. IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC
19. FATHER—NAME: Earl E. Hager (deceased)
20. MOTHER (MAIDEN NAME): Leora Billups (deceased)
21. INFORMANT—NAME: Neil D. Harris
22. MAILING ADDRESS: 544 N. Wisconsin St., Hobart, IN 46342
23. BURIAL, CREMATION, REMOVAL, OTHER: Burial
24. CEMETERY OR CREMATION—FUNERAL HOME: Calumet Park Cemetery
25. LOCATION: Merrillville, IN
26. DATE: 5-15-1979
27. FUNERAL HOME—NAME AND ADDRESS: Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart IN 46342
28a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated: R.M. Lands, M.D.
28b. DATE SIGNED: 5-17-79
28c. HOUR OF DEATH: 7:30 A.M.
29. NAME OF ATTENDING PHYSICIAN: R.M. Lands, M.D.
30. MAILING ADDRESS—PHYSICIAN: 3820 Central Avenue, Lake Station, IN 46405
31. SIGNATURE OF OFFICER: J. Kreag
32. DATE RECEIVED BY LOCAL HEALTH OFFICER: 5-21-79

PART I. 33. IMMEDIATE CAUSE: a. Cerebrovascular accident
b. Arteriosclerosis
c.
d.
34. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: No

PART II. 35. OTHER SIGNIFICANT CONDITIONS: Hypertension, Diabetes Mellitus
36. AUTOPSY? No

SDH 68-003 REV. 10/77

Possible #18-7451 21 Bl

THIS CERTIFICATE IS NOT COMPLETE UNLESS ON FILE WITH THE LOCAL REGISTRAR

FEB 15 1901 WILLIAM BIRD RECORDER