

618473

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

FILED

Relay for State **FEB 20 1981**

SUN. No. 305

John D. ...
REGISTRAR LAKE COUNTY

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- M _____
- N _____
- O _____
- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

REGISTRAR'S NAME *Kenneth W. Grubbs*
FUNERAL DIRECTOR'S LICENSE No. 1575
FUNERAL DIRECTOR'S LICENSE No. 2012

Disposition Permits
Issued
Permitted
Prohibited

618473

17-104-5 *Earle + Davis add.*
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH
R. ... 4.4 Bc 26
5/28 3rd St
Medical 46340

Local No.

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D.
OR
D.O.

1. DECEASED - NAME Evan H. Shaffer		2. SEX Male		3. RACE White		4. AGE - IN YEARS 70		5. DATE OF BIRTH 9/21/09	
6. CITY, TOWN OR LOCATION OF DEATH Valparaiso				7. HOSPITAL OR OTHER INSTITUTION Porter Memorial Hospital					
8. STATE OF BIRTH Indiana		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED Married		11. BORNICED Bornice Westby			
12. SOCIAL SECURITY NUMBER 312-10-3869				13. USUAL OCCUPATION Electrician				14. ELECTRICIAN Electrician	
15a. RESIDENCE - STATE Indiana		15b. COUNTY Lake		15c. CITY, TOWN OR LOCATION Hobart				16. STREET AND NUMBER 909 Georgianna Street	
17. IS DECEASED OF SPANISH ORIGIN? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
18. FATHER - NAME Alvin Shaffer (Deceased)				19. MOTHER - NAME Florence Alena					
20. BORNICE D. Shaffer				21. 909 Georgianna Street Hobart, Indiana					
22. Burial				23. Chapel Lawn Cemetery				24. Scher ...	
25. April 23, 1980				26. Roos Funeral Home, Inc.				27. 600 ...	
28. <i>William L. Nicksch</i>				29. 7-25-50					
30. <i>William L. Nicksch</i>				31. 2102 Evans Valparaiso Ind 46313					
32. <i>William L. Nicksch</i>				33. <i>William L. Nicksch</i>					
34. <i>William L. Nicksch</i>				35. <i>William L. Nicksch</i>					

633

RECORDED
INDEXED
FEB 20 1981
07 PM '81

REGISTRAR'S NAME
FUNERAL DIRECTOR'S
SIGNATURE

HEALTH OFFICER'S
SIGNATURE

FORM 1000-1-79

20

PORTER COUNTY HEALTH DEPT.
Valparaiso, Indiana
THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

L.H. Roberts MS
HEALTH OFFICER

618473