

619806

17-180-29430 Grandview Add.
L. 29430 Bl. 2
619806
Local No. 433

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

918

FUNERAL HOME
FUNERAL DIRECTOR'S LICENSE No. 677
FUNERAL DIRECTOR'S LICENSE No. 1271
FUNERAL DIRECTOR'S SIGNATURE

DECEASED NAME GILPERT S. LOSER		SEX MALE	DATE OF DEATH NOV. 4, 1980
RACE WHITE	AGE 53	DATE OF BIRTH 11/22/1926	CITY OF BIRTH LAPORTE
CITY TOWN OR LOCATION OF DEATH LAPORTE		HOSPITAL OR OTHER INSTITUTION LAPORTE HOSPITAL	
STATE OF BIRTH INDIANA	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED MARRIED	SURVIVAL SPOUSE BETTY L. (GAMBLER) LOSER
SERIAL IDENTITY NUMBER 309-22-(823)	USUAL OCCUPATION STEEL WORKER	INDICATE WHETHER DECEASED WAS IN THE ARMY, NAVY, AIR FORCE, OR MARINE CORPS YES	
USUAL RESIDENCE WHERE DECEASED LIVED INDIANA	COUNTY LAPORTE	CITY TOWN OR LOCATION UNION MILLS	
STREET AND NUMBER 2372 W. 950 S.		APARTMENT OR BOX NUMBER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ZIP CODE 46350
IS DECEASED OF SPANISH DESCENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER NAME JAMES LOSER		MOTHER MARRIED NAME CLARA OUBIAN	
MARRIAGE ADDRESS 2372 W. 950 S. UNION MILLS, IN 46350		MARRIAGE DATE NOV. 8, 1980	
BURIAL CREMATION OR OTHER BURIAL		CEMETERY OR CREMATORY ROSELAWN CEMETERY	LOCATION BOWLING GREEN, IN
DATE NOV. 8, 1980		FUNERAL HOME WEAVER FUNERAL HOME UNION MILLS, IN	
NAME OF ATTENDING PHYSICIAN DR. CHARLES HAGENOW		DATE OF DEATH NOV 4 1980	
MARRIAGE ADDRESS MAPLE CITY CLINIC 18th ST. LAPORTE, IN 46350		DATE OF DEATH NOV 5 1980	
CAUSE Metastatic Colon Carcinoma		DURATION OF ILLNESS months	

FILED

FEB 27 1981

NOV 5 1980

APPROVED LAKE COUNTY

918