

624088

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

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Disposition Permit Issued / /
Provisional Certificate
 Yes No

EMBALMER'S NAME: Ronald J. Mesarch
FUNERAL DIRECTOR'S SIGNATURE: *William C. Helmer*
FUNERAL HOME: JUL GENERAL DIRECTOR'S FUNERAL HOME
ADDRESS: 776
COUNTY: ADAMS COUNTY

9cc West 8 Hwy No. 15-202-7 E.M. Rogues 1st Add To Clonellyn
624088 ALL LOT 7 BL 2
Local No. 1053-80
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH
State No. _____

DECLARED - NAME CHRIS LEE GLAZE		SEX Male	DATE OF DEATH July 13, 1980
RACE White	AGE 67	DATE OF BIRTH 7-19-1912	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hobart	HOSPITAL OR OTHER INSTITUTION St. Mary Medical Center		IF DEPT. OF HEALTH MEMBER OF THE STATE HEALTH BOARD Inpatient
STATE OF BIRTH West Virginia	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? No
SOCIAL SECURITY NUMBER 273-18-3433		USUAL OCCUPATION Salesman	INDUSTRY Petroleum Industry
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Merrillville	
STREET AND NUMBER 1014 East 61st Place		IS RESIDENCE ON A FARM? NO	SHOW CITY LIMITS APPROX. 1/2 IN. OR MORE Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER - NAME Hoy B. Glaze	MOTHER - MAIDEN NAME Samantha MacIntyre		
DECEASED - NAME Helen M. Glaze - Wife	MARRIED ADDRESS 1014 East 61st Place Merrillville, Indiana 46410		
BURIAL, CREMATION, REMOVAL, OTHER Burial	CITY OF BIRTH Merrillville, Indiana		
DATE July 16, 1980	FUNERAL HOME - NAME AND ADDRESS Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, Ind. 46410		
NAME OF ATTENDING PHYSICIAN John G. Kolettis, M.D.	DATE SIGNED 7-14-80	HOUR OF DEATH 7:45 P.M.	
MAILING ADDRESS 6111 Harrison Street Merrillville, Indiana 46410	DATE RECEIVED BY LOCAL HEALTH OFFICER 7-15-80		
SIGNATURE OF LOCAL HEALTH OFFICER <i>Quentyle Selover</i>			
CAUSE OF DEATH			

BBH 08 003
REV. 10/77

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