

629057

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
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- Y \_\_\_\_\_
- Z \_\_\_\_\_

Disposition Permit Issued  1/1

Provisional Certificate  Yes  No

12 CC

629057

9-47-6 Railroad add. L. 6 Bl. 3

### INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

746

Local No. 1718-79

TYPE OR PRINT OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

POSITION

M.D. OR D.O.

CONDITIONS OF AND WHEN BORN AND TO REPORTING CAUSE

CAUSE

FUNERAL HOME No. \_\_\_\_\_

EMBALMER'S NAME *Charles E. Moore* LICENSE No. 871

FUNERAL DIRECTOR'S SIGNATURE *William C. Beckman* LICENSE No. 336

DECEASED—NAME <b>Ralph James Severance</b>		SEX <b>Male</b>	DATE OF BIRTH <b>November 30, 1979</b>
RACE <b>White</b>	AGE <b>76</b>	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH <b>7-26-1903</b>
CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		HOSPITAL OR OTHER INSTITUTION <b>St. Anthony's Hospital</b>	
STATE OF BIRTH <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	WAS OCCIDENT OVER IN U.S. ARMED FORCES? <b>No</b>
SOCIAL SECURITY NUMBER <b>316-09-3481</b>		USUAL OCCUPATION <b>Supervisor</b>	NAME OF BUSINESS OR INDUSTRY <b>U.S. STEEL GARY WORKS</b>
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Crown Point</b>	
STREET AND NUMBER <b>213 N. Jackson Street</b>		IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IS DECEASED OF SPANISH DESCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER—NAME <b>George Severance</b>	MOTHER—MAIDEN NAME <b>Agnes Burns</b>	INFORMANT—NAME <b>Florence Severance-Wife</b>	
MAILING ADDRESS <b>213 N. Jackson Street Crown Point, Indiana 46307</b>		BURNAL, CREMATION, REMOVAL, OTHER <b>Burial</b>	
CEMETERY OR CREMATORY—FUNERAL HOME <b>Calumet Park Cemetery</b>		LOCATION <b>Herrilville, Indiana</b>	
DATE <b>December 3, 1979</b>		FUNERAL HOME—NAME AND ADDRESS <b>Geison Funeral Home, Inc, 7905 Broadway, Herrilville, In.</b>	
NAME OF ATTENDING PHYSICIAN <b>Arthur J. Beckman M.D.</b>		DATE SIGNED <b>12-6-79</b>	HEALTH OFFICER'S SIGNATURE <b>Patricia M.D.</b>
MAILING ADDRESS—PHYSICIAN <b>12110 Grant Crown Point, Indiana 46307</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>12-3-79</b>	
IMMEDIATE CAUSE <b>Congestive heart failure</b>		DURATION OF ILLNESS <b>1 year</b>	
ASSOCIATED SYMPTOMS <b>Associated symptoms, bradycardia</b>		DURATION OF ILLNESS <b>1 year</b>	
OTHER SIGNIFICANT CONDITIONS <b>Hypertension, (refused to eat for 6 weeks)</b>		OTHER SIGNIFICANT CONDITIONS <b>No</b>	