

629093

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

Refer for State Office Use

1000  
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  
AA  
AB  
AC  
AD  
AE  
AF  
AG  
AH  
AI  
AJ  
AK  
AL  
AM  
AN  
AO  
AP  
AQ  
AR  
AS  
AT  
AU  
AV  
AW  
AX  
AY  
AZ  
BA  
BB  
BC  
BD  
BE  
BF  
BG  
BH  
BI  
BJ  
BK  
BL  
BM  
BN  
BO  
BP  
BQ  
BR  
BS  
BT  
BU  
BV  
BW  
BX  
BY  
BZ  
CA  
CB  
CC  
CD  
CE  
CF  
CG  
CH  
CI  
CJ  
CK  
CL  
CM  
CN  
CO  
CP  
CQ  
CR  
CS  
CT  
CU  
CV  
CW  
CX  
CY  
CZ  
DA  
DB  
DC  
DD  
DE  
DF  
DG  
DH  
DI  
DJ  
DK  
DL  
DM  
DN  
DO  
DP  
DQ  
DR  
DS  
DT  
DU  
DV  
DW  
DX  
DY  
DZ  
EA  
EB  
EC  
ED  
EE  
EF  
EG  
EH  
EI  
EJ  
EK  
EL  
EM  
EN  
EO  
EP  
EQ  
ER  
ES  
ET  
EU  
EV  
EW  
EX  
EY  
EZ  
FA  
FB  
FC  
FD  
FE  
FF  
FG  
FH  
FI  
FJ  
FK  
FL  
FM  
FN  
FO  
FP  
FQ  
FR  
FS  
FT  
FU  
FV  
FW  
FX  
FY  
FZ  
GA  
GB  
GC  
GD  
GE  
GF  
GG  
GH  
GI  
GJ  
GK  
GL  
GM  
GN  
GO  
GP  
GQ  
GR  
GS  
GT  
GU  
GV  
GW  
GX  
GY  
GZ  
HA  
HB  
HC  
HD  
HE  
HF  
HG  
HH  
HI  
HJ  
HK  
HL  
HM  
HN  
HO  
HP  
HQ  
HR  
HS  
HT  
HU  
HV  
HW  
HX  
HY  
HZ  
IA  
IB  
IC  
ID  
IE  
IF  
IG  
IH  
II  
IJ  
IK  
IL  
IM  
IN  
IO  
IP  
IQ  
IR  
IS  
IT  
IU  
IV  
IW  
IX  
IY  
IZ  
JA  
JB  
JC  
JD  
JE  
JF  
JG  
JH  
JI  
JJ  
JK  
JL  
JM  
JN  
JO  
JP  
JQ  
JR  
JS  
JT  
JU  
JV  
JW  
JX  
JY  
JZ  
KA  
KB  
KC  
KD  
KE  
KF  
KG  
KH  
KI  
KJ  
KK  
KL  
KM  
KN  
KO  
KP  
KQ  
KR  
KS  
KT  
KU  
KV  
KW  
KX  
KY  
KZ  
LA  
LB  
LC  
LD  
LE  
LF  
LG  
LH  
LI  
LJ  
LK  
LM  
LN  
LO  
LP  
LQ  
LR  
LS  
LT  
LU  
LV  
LW  
LX  
LY  
LZ  
MA  
MB  
MC  
MD  
ME  
MF  
MG  
MH  
MI  
MJ  
MK  
ML  
MN  
MO  
MP  
MQ  
MR  
MS  
MT  
MU  
MV  
MW  
MX  
MY  
MZ  
NA  
NB  
NC  
ND  
NE  
NF  
NG  
NH  
NI  
NJ  
NK  
NL  
NM  
NN  
NO  
NP  
NQ  
NR  
NS  
NT  
NU  
NV  
NW  
NX  
NY  
NZ  
OA  
OB  
OC  
OD  
OE  
OF  
OG  
OH  
OI  
OJ  
OK  
OL  
OM  
ON  
OO  
OP  
OQ  
OR  
OS  
OT  
OU  
OV  
OW  
OX  
OY  
OZ  
PA  
PB  
PC  
PD  
PE  
PF  
PG  
PH  
PI  
PJ  
PK  
PL  
PM  
PN  
PO  
PP  
PQ  
PR  
PS  
PT  
PU  
PV  
PW  
PX  
PY  
PZ  
QA  
QB  
QC  
QD  
QE  
QF  
QG  
QH  
QI  
QJ  
QK  
QL  
QM  
QN  
QO  
QP  
QQ  
QR  
QS  
QT  
QU  
QV  
QW  
QX  
QY  
QZ  
RA  
RB  
RC  
RD  
RE  
RF  
RG  
RH  
RI  
RJ  
RK  
RL  
RM  
RN  
RO  
RP  
RQ  
RR  
RS  
RT  
RU  
RV  
RW  
RX  
RY  
RZ  
SA  
SB  
SC  
SD  
SE  
SF  
SG  
SH  
SI  
SJ  
SK  
SL  
SM  
SN  
SO  
SP  
SQ  
SR  
SS  
ST  
SU  
SV  
SW  
SX  
SY  
SZ  
TA  
TB  
TC  
TD  
TE  
TF  
TG  
TH  
TI  
TJ  
TK  
TL  
TM  
TN  
TO  
TP  
TQ  
TR  
TS  
TT  
TU  
TV  
TW  
TX  
TY  
TZ  
UA  
UB  
UC  
UD  
UE  
UF  
UG  
UH  
UI  
UJ  
UK  
UL  
UM  
UN  
UO  
UP  
UQ  
UR  
US  
UT  
UU  
UV  
UW  
UX  
UY  
UZ  
VA  
VB  
VC  
VD  
VE  
VF  
VG  
VH  
VI  
VJ  
VK  
VL  
VM  
VN  
VO  
VP  
VQ  
VR  
VS  
VT  
VU  
VV  
VW  
VX  
VY  
VZ  
WA  
WB  
WC  
WD  
WE  
WF  
WG  
WH  
WI  
WJ  
WK  
WL  
WM  
WN  
WO  
WP  
WQ  
WR  
WS  
WT  
WU  
WV  
WW  
WX  
WY  
WZ  
XA  
XB  
XC  
XD  
XE  
XF  
XG  
XH  
XI  
XJ  
XK  
XL  
XM  
XN  
XO  
XP  
XQ  
XR  
XS  
XT  
XU  
XV  
XW  
XX  
XY  
XZ  
YA  
YB  
YC  
YD  
YE  
YF  
YG  
YH  
YI  
YJ  
YK  
YL  
YM  
YN  
YO  
YP  
YQ  
YR  
YS  
YT  
YU  
YV  
YW  
YX  
YY  
YZ  
ZA  
ZB  
ZC  
ZD  
ZE  
ZF  
ZG  
ZH  
ZI  
ZJ  
ZK  
ZL  
ZM  
ZN  
ZO  
ZP  
ZQ  
ZR  
ZS  
ZT  
ZU  
ZV  
ZW  
ZX  
ZY  
ZZ

Disposition Permit  
Issued  
Provisional  
Certificate  
 Yes  No

EMERALD'S NAME EDWARD F. DILLANE LICENSE No. 2472  
FUNERAL DIRECTOR'S SIGNATURE Robert H. McGinty

629093

Local No. 244-80

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

756

FUNERAL HOME No. 150  
FUNERAL DIRECTOR'S SIGNATURE  
LAKE COUNTY HEALTH COMMISSIONER'S SIGNATURE  
LAKE COUNTY HEALTH COMMISSIONER'S SIGNATURE

1. DECEASED—NAME <b>CHARLES E. HAUSENFLECK</b>		SEX <b>MALE</b>	DATE OF DEATH <b>FEB 17, 1980</b>
2. RACE <b>WHITE</b>	3. AGE <b>66</b>	4. UNDER 1 YEAR <b>100</b>	5. UNDER 1 DAY <b>100</b>
6. CITY, TOWN OR LOCATION OF DEATH <b>DYER</b>	7. HOSPITAL OR OTHER INSTITUTION <b>OUR LADY OF MERCY HOSP.</b>	8. COUNTY OF DEATH <b>LAKE</b>	9. MOSP OF REST <b>INMATEMENT</b>
10. STATE OF BIRTH <b>WEST VIRGINIA</b>	11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	12. MARRIED, NEVER MARRIED, UNMARRIED, DIVORCED <b>MARRIED</b>	13. SURVIVING SPOUSE <b>HELEN KAPROCKI</b>
14. SOCIAL SECURITY NUMBER <b>342-01-3704</b>	15. USUAL OCCUPATION <b>AUTO MECHANIC</b>	16. KIND OF BUSINESS OR INDUSTRY <b>SELF-EMPLOYED</b>	17. WAS OF CELESTIAL FORCE IN U.S. ARMY OR FORCES? <b>NO</b>
18a. RESIDENCE—STATE <b>IND.</b>	18b. COUNTY <b>LAKE</b>	18c. CITY, TOWN OR LOCATION <b>DYER</b>	18d. STREET AND NUMBER <b>9610 SHEFFIELD AVE</b>
19. DECEASED OF SPANISH DESCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. FATHER—NAME <b>CHARLES NEWTON HAUSENFLECK</b>		22. MOTHER MARDEN NAME <b>ETHEL</b>	
23. INFORMANT—NAME <b>HELEN HAUSENFLECK</b>		24. MAILING ADDRESS <b>9610 SHEFFIELD AVE DYER, IND. 46711</b>	
25. BURIAL, CREMATION, REMOVAL, OTHER <b>BURIAL</b>		26. CEMETERY OR CREMATORY—FUNERAL HOME <b>CHAPEL LAWN CEM. SCHEERVILLE, IND</b>	
27. DATE <b>FEB. 21, 1980</b>		28. FUNERAL HOME—NAME AND ADDRESS <b>FAGEN-MILLER FUNERAL GARDENS DYER, IND. 46711</b>	
29. NAME OF ATTENDING PHYSICIAN <b>DR. PETER J. PERRY M.D.</b>		30. DATE SIGNED <b>FEB. 18, 1980</b>	31. HOUR OF DEATH <b>8:15 P.M.</b>
32. MAILING ADDRESS <b>2169 HART ST. DYER, IND.</b>		33. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>2-19-80</b>	
34. HEALTH OFFICER'S SIGNATURE <b>Peter Perry M.D.</b>		35. MANNER OF DEATH <b>CONGESTIVE HEART FAILURE - ACUTE RESPIRATORY FAILURE</b>	
36. CAUSE <b>AS H.B. 2000</b>		37. OTHER SIGNIFICANT CONDITIONS	