

11 cc to  
3 cc - vet  
for - vet

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

636152

Local No. 878-81

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

1051

THIS CERTIFICATE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE LAKE COUNTY HEALTH DEPT.  
Country Club at 9 Bl. 4  
17-83-9  
JUN 16 1981  
David C. Mayer  
14 D.

FILED  
FUNDAL HOME  
No. 3306  
1981

DECEASED  
AUDITOR LAKE COUNTY

LICENSE No. 587  
LAKELAND DIRECTOR'S  
LICENSE No. 2012

EMBALMER'S NAME David C. Mayer  
FUNDAL DIRECTOR'S SIGNATURE

TYPE PRINT  
PERMANENT  
INK FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CAUSE

DECEASED—NAME 1. John Adam Meiss, Sr.				SEX 2. Male	DATE OF DEATH (MONTH DAY YEAR) 3. June 4, 1981
RACE 4. White	AGE—Last Birthday 5a. 63	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. 7-31-1917	COUNTY OF DEATH 7. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Hobart		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c. St. Mary Medical Center		IF HOSP. OR INST. Indicate DOA, OP, etc. (See instructions) 7d. Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Adrienne A. Yurtanas		WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. Yes
SOCIAL SECURITY NUMBER 13. 311-01-8894		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Engineer		KIND OF BUSINESS OR INDUSTRY 14b. E. J. & E. Railroad	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hobart		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d. 220 N. Wisconsin St.		INSIDE CITY LIMITS (Specify Yes or No) 15f. Yes		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER—NAME FIRST MIDDLE LAST 16. Henry Meiss			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Julia Siebenthal		
INFORMANT—NAME (Type or print) 18a. Adrienne Meiss (Wife)		RELATIONSHIP 18b. (Wife)	MAILING ADDRESS 18c. 220 N. Wisconsin St., Hobart, IN 46342		STATE ZIP IN 46342
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery		LOCATION CITY OR TOWN STATE 19c. Merrillville, IN	
DATE (MONTH, DAY, YEAR) 20a. June 8, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) 20c. Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart		IN 46342	
To the best of my knowledge, death occurred on the above date and place and due to the cause(s) stated 21a. (Signature) P. M. Hamang, MD			DATE SIGNED (Mo., Day, Yr.) 21b. 6-11-1981	HOUR OF DEATH 21c. 6:40 p.m.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. P. M. Hamang, MD			MAILING ADDRESS—PHYSICIAN 21e. 904 W. Ridge Rd., Hobart, IN 46342		
HEALTH OFFICER—SIGNATURE 22a. (Signature) P. C. Jacey M.D.			DATE RECEIVED BY LOCAL HEALTH OFFICE 22b. 6-11-1981		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART I (a) Cerebrovascular Infarct					
DUE TO OR AS A CONSEQUENCE OF: (b) Disssecting Aortic Aneurysm					
DUE TO OR AS A CONSEQUENCE OF: (c) Hypertension					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
24. (Signature) W.D.					