

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT

639551

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Metos Fpple
2203 Fern Hill
Valpo. 46383
State
No.

312

Local No. 479

TYPE 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

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATE THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1		Louisa	C.	Griese	2. Female	3. June 20, 1978	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)	AGE—Last birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH		
4. White	5a. 90	5b.	5c.	6. 12-23-87	7a. Lake		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—(Name (if not in index, give street and number))			IF HOSP. OR INST. include I.O.A. (UP/Enter in n. hospital) (Specify)	
7b. Hammond			7c. 6420 Monroe Ave.,			7d.	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify type of service)		
8. Indiana	9. USA	10. Widowed	11. None		12. No		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13. 351-07-8257-D			14a. Housewife		14b. Own Home		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION					
15a. Indiana	15b. Lake	15c. Hammond					
STREET AND NUMBER				IS RESIDENCE ON A FARM?	INSIDE CITY LIMITS (Check YES or NO)		
15d. 6420 Monroe Ave.,				15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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			MOTHER—MAIDEN NAME				
16. Jacob Kuhlman			17.				
INFORMANT—NAME (Type or print)			MAILING ADDRESS				
18a. Miss Louise Griese			18b. 6420 Monroe Ave., Hammond, Indiana 46324				
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		
19a. Burial			19b. Concordia Cemetery		19c. Hammond, Indiana		
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE ZIP)				
20a. June 23, 1978			20b. Snyder-Lattayne Funeral Home, 5746 Hohman Ave., Hammond, Indiana				
To the best of my knowledge, death occurred at the time, date and place and (if known) cause(s) stated				DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a. <i>[Signature]</i>				21b. June 21, 1978		21c. 8:50 PM '81	
NAME OF ATTENDING PHYSICIAN (Type or Print)				MAILING ADDRESS—PHYSICIAN			
21d. Donald J. Faulkner, M.D.				21e. 7905 Calumet Ave., Munster, Indiana 46321			
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY HEALTH OFFICER			
22a. <i>[Signature]</i>				22b. AUG 21 1978			
PART I		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) OR (b))				Interval between onset and death	
(a)		Arterial arrest				Interval between onset and death	
(b)		DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)		DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)	
II						24. No	

FUNERAL HOME No. 288

LICENSE No. 85

FUNERAL DIRECTOR'S LICENSE No. 2013

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*
Elder B. Lattayne

COPY OF THE CERTIFICATE OF DEATH
 TO BE FILED WITH THE INDIANA STATE BOARD OF HEALTH DEPT.
 HAMMOND HEALTH COMMISSIONER

Disposition Permit Issued / /
Provisional Certificate
 Yes No

FILED
AUG 10 1981

Auditor
 AUDITOR LAKE COUNTY

Key 34-239-1

Add
 Jacob M. Ruhlman

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