

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

Below for State Office Use

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State  
No.

Local No.

655748

FUNERAL HOME  
No. 306

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,  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST <b>Leota Mae Slane</b>				2. SEX <b>Female</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>December 21, 1981</b>
4. RACE <b>White</b>	5a. AGE—Last Birthday (Yrs.) <b>73</b>	5b. UNDER 1 YEAR MOS. DAYS HOURS MINS	6. DATE OF BIRTH (Mo., Day, Yr.) <b>5-1-1908</b>	7a. COUNTY OF DEATH <b>Porter</b>	
7b. CITY, TOWN OR LOCATION OF DEATH <b>Valparaiso</b>		7c. HOSPITAL OR OTHER INSTITUTION—Name if not in either, give street and number <b>Porter Memorial Hospital</b>		7d. IF HOSP. OR INST. (Specify DOA, OP, Emer. Rm., Inpatient, Outpatient) <b>Inpatient</b>	
8. STATE OF BIRTH (If not in U.S.A. name country) <b>Illinois</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Harold R. Slane</b>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>NO</b>
13. SOCIAL SECURITY NUMBER <b>319-12-0952</b>		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>J &amp; M Lounge (Retired)</b>	
15a. RESIDENCE—STATE <b>Indiana</b>	15b. COUNTY <b>Lake</b>	15c. CITY, TOWN OR LOCATION <b>Hobart</b>		15d. STREET AND NUMBER <b>310 Madison</b>	
15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>		15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. FATHER—NAME FIRST MIDDLE LAST <b>John W. Miner (Dec.)</b>			17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Florence Eva Clifton (Dec.)</b>		
18a. INFORMANT—NAME (Type or print) RELATIONSHIP <b>Harold Slane, husband</b>		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>310 Madison, Hobart, Indiana, 46342</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—FUNERAL HOME <b>Chapel Lawn Cemetery</b>		19c. LOCATION CITY OR TOWN STATE <b>Schererville, Indiana</b>	
20a. DATE (MONTH, DAY, YEAR) <b>December 24, 1981</b>		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-4198</b>			
21a. (Signature) <b>M. Manakas D.O.</b>			21b. DATE SIGNED (Mo., Day, Yr.) <b>12-29-1981</b>		21c. HOUR OF DEATH <b>9:00 PM</b>
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) <b>M. Manakas D.O.</b>			21e. MAILING ADDRESS—PHYSICIAN <b>1551 S. Sturdy Rd. Valpo In 46385</b>		
22a. HEALTH OFFICER—NAME <b>D. Galbraith M.D.</b>			22b. DATE RECEIVED BY LOCAL HEALTH OFFICE <b>12-29-81</b>		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
(a) <b>Cardiopulmonary arrest</b>					<b>minimal</b>
(b) <b>Pneumonia</b>					<b>2 days</b>
(c) <b>Massive Left middle cerebral infarct</b>					<b>3 weeks</b>
24. OTHER SIGNIFICANT CONDITIONS—Conditions contributory to death but not related to cause given in PART I (a)					AUTOPSY (Specify Yes or No) <b>No</b>

FILED  
 JAN 3 1982  
 SUPERVISOR OF RECORDS  
 ADJUTANT CLERK COUNTY

EMBALMER'S NAME James J. Krause

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 2012

FUNERAL HOME No. 306

RECORDED  
 BUREAU OF VITAL RECORDS  
 INDIANA STATE BOARD OF HEALTH

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PORTER COUNTY HEALTH DEPT.

11/11/11

**PORTER COUNTY HEALTH DEPT.**  
Valparaiso, Indiana

THIS IS TO CERTIFY THAT THIS IS A  
TRUE COPY OF THE ORIGINAL RECORD.

*A. R. Eubank, MD*

HEALTH OFFICER