

**655919 INDIANA STATE BOARD OF HEALTH**  
**MEDICAL CERTIFICATE OF DEATH**

Local No. **2453**

FUNERAL HOME  
 No. 104  
 FUNERAL DIRECTOR'S  
 LICENSE No. 699  
 SIGNATURE  
 FUNERAL DIRECTOR'S  
 SIGNATURE

DECEASED—NAME 1 <b>Curtis Garrigues</b>		SEX <b>Male</b>		DATE OF DEATH (MONTH DAY YEAR) <b>3 December 3, 1981</b>	
RACE—(a) White, Black, American Indian, etc. (Specify) 4 <b>White</b>	AGE—(Last Birthday) (Year) 5a <b>55</b>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH 6 <b>April 17, 1926</b>	COUNTY OF DEATH 7a <b>LaPorte</b>
CITY, TOWN OR LOCATION OF DEATH 7b <b>LaPorte</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not in Part 1) and number 7c <b>LaPorte Hospital</b>		IF HOSP OR INST Indicate DOA or Emer. Res. placement (Specify) 7d <b>Inpatient</b>	
STATE OF BIRTH (if not in U.S.A. name country) 8 <b>Alabama</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <b>Married</b>	SURVIVING SPOUSE (Give maiden name) 11 <b>June Posburgh</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year) 12 <b>Yes WWII</b>
SOCIAL SECURITY NUMBER 13 <b>265-22-4016</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a <b>Inventory Clerk, Acctg.</b>		KIND OF BUSINESS OR INDUSTRY 14b <b>Bethlehem Steel Co.</b>	
RESIDENCE—STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>Lake Station</b>		RESIDENCE ON A FARM? 15d <b>NO</b>	
STREET AND NUMBER 15d <b>3218 E. 37th Place</b>		INSIDE CITY LIMITS (Specify YES OR NO) 15f <b>Yes</b>		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g <b>NO</b>	
FATHER—NAME 16 <b>Curtiss S. Garrigues, Sr.</b>			MOTHER—MAIDEN NAME 17 <b>Violet King</b>		
INFORMANT—NAME (Type or print) 18a <b>Mrs. June Garrigues</b>		RELATIONSHIP <b>(Wife)</b>	MAILING ADDRESS 18b <b>3218 E. 37th Place, Lk Station, IN 46105</b>		STATE <b>IN</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b <b>Calumet Park Cemetery</b>		LOCATION 19c <b>Merrillville, IN</b>	
DATE (MONTH—DAY, YEAR) 20a <b>December 21, 1981</b>		FUNERAL HOME—NAME AND ADDRESS 20b <b>Frum Funeral Home, Inc., 1307 Central</b>		CITY OR TOWN, STATE <b>Lk Station, IN 46105</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature) <b>A. Serritella</b>		DATE SIGNED (MO—DAY, YEAR) 21b <b>12-21-81</b>		HOURS OF DEATH 21c <b>2:28 PM '81</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <b>A. Serritella, M.D.</b>		MAILING ADDRESS—PHYSICIAN 21e <b>LaPorte, IN</b>			
HEALTH OFFICER—SIGNATURE 22a <b>James L. ...</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>12-29-81</b>			
23 IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART (a) <b>CHRONIC Lymphocytic Leukemia</b>		PART (b) <b>PNEUMONITIS</b>		PART (c) <b>Anemia</b>	
DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		JAN 7 1982		INTERVAL BETWEEN PART (a) AND DEATH <b>8 yr.</b>	
AUTOPSY (Specify Yes or No) 24 <b>NO</b>		INTERVAL BETWEEN PART (b) AND DEATH <b>1 week</b>			
INTERVAL BETWEEN PART (c) AND DEATH <b>1 week</b>		INTERVAL BETWEEN PART (c) AND DEATH <b>1 week</b>			

PH 400

PIONEER NAT'L. TITLE INS. CO.

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FILED  
 JAN 11 1982  
 LA FORTE COUNTY  
 HEALTH DEPARTMENT

ISSUED  
 DEC 29 1981

THIS IS A TRUE COPY OF THE RECORD  
OF REGISTRATION ON FILE WITH THE  
LA COUNTY HEALTH DEPARTMENT  
*James [Signature]* M.D.  
HEALTH OFFICER

HEALTH DEPARTMENT  
LA COUNTY  
MAY 19 1968