

Conning Company
317 S Main
CP
430

PIONEER NAT'L. TITLE INS. CO.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

656862

1605-81

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

Below for State of

Lpt 41 Hoffman's And to Crown Point A-494
110074-81
May 9-35-38

Disposition Permit Issued
Provisional Certificate
 Yes No

JAN 18 1982

FUNERAL HOME

FUNERAL DIRECTOR'S

GENERAL DIRECTOR'S

No. 12

LICENSE No. 319

SIGNATURE: *Bernard E. Little*

AUDITOR LAKE COUNTY

DECEASED

PARENT

DISPOSITION

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE (A-F)

CAUSE

LAKE COUNTY HEALTH COMMISSIONER

DECEASED—NAME 1 Herman R. Seefeldt		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Oct. 23, 1981
RACE 4 White	AGE 5a 87	DATE OF BIRTH (MONTH, DAY, YEAR) Aug. 3, 1894	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH 7a Crown Point		HOSPITAL OR OTHER INSTITUTION—Name of institution, street and number 7b St. Anthony's Medical Center	IF HOSP OR INST (Include DOA or Enter Res. Institution Name) 7c Inpatient
STATE OF BIRTH 8 Pennsylvania	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11
SOCIAL SECURITY NUMBER 13 304-40-6635		USUAL OCCUPATION (If kind of work done during most of working life, state it concisely) 14a Owner-Operator	KIND OF BUSINESS OR INDUSTRY 14b Resturant
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point	
STREET AND NUMBER 15d 145 N. West St.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	STATE OF INDIANA FILED FOR RECORD JAN 20 11 34 AM '82 WILLIAM BELSNOR
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 16 Herman Seefeldt		MOTHER—MAIDEN NAME 17 Augusta Molitzaka	
INFORMANT—NAME (If parent) 18a E. B. Steele		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 18b 109 E. North St., Crown Point, Indiana 46307	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park Cemetery	LOCATION (CITY OR TOWN, STATE) 19c Merrillville Indiana
DATE (MONTH, DAY, YEAR) 20a October 26, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Little Funeral Home 811 E. Franciscan Dr., Indiana Crown Point	
In the best of my knowledge, death occurred at the time, date and place and due to the reported cause. 21a <i>E. B. Steele, M.D.</i>		DATE SIGNED (MONTH, DAY, YEAR) 21b 10/23/81	HOUR OF DEATH 21c 1:03am
NAME OF ATTENDING PHYSICIAN (If parent) 21d E.B. Steele M.D.		MAILING ADDRESS OF PHYSICIAN 21e 109 E. North St., Crown Point, Indiana 46307	
HEALTH OF PHYSICIAN 22a <i>Good</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-23-81	
PART I (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)		Interval between onset and death 10 min 25 years	
PART II (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)		Interval between onset and death Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given on PART I list)		AUTOPSY (Specify Yes or No) 24 no	