

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Use Only

**FILED**  
FEB 16 1981

Red Oak Ave  
510-24-23-46-46-395-5  
510-26-23-46-46-395-5  
NOV 30 1981

65916  
FUNERAL HOME No. 776  
LICENSE No. 1201  
FUNERAL DIRECTOR'S No. 367  
EMBALMER'S NAME: Keith Dillon  
FUNERAL DIRECTOR'S SIGNATURE: M.D. [Signature]

Local No. 1806-81

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

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 STARTING FROM UNDERLYING CAUSE LAST CAUSE

CAUSE

1 DECEASED - NAME FIRST MIDDLE LAST <b>EDWARD JOHN BECKMAN</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>3 November 23, 1981</b>	
2 RACE - (e.g. White, Black, American Indian, etc.) (Specify)	3 AGE - (Last Birthday) (Year)	4 UNDER 1 YEAR MO. DAY	5 UNDER 1 DAY HOURS MIN.	6 DATE OF BIRTH (e.g. Day, Mo., Year)
<b>White</b>	<b>54 79</b>			<b>6 Aug. 21, 1902</b>
7a CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		7b HOSPITAL OR OTHER INSTITUTION - (Name if not in other year sheet and number)		7c COUNTY OF DEATH <b>Lake</b>
7d <b>Crown Point</b>		7e <b>Lutheran Home</b>		7f <b>Inpatient</b>
8 STATE OF BIRTH (If not in U.S.A. name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	
<b>Indiana</b>	<b>U.S.A.</b>	<b>Married</b>	<b>Sabena Berg</b>	
12 SOCIAL SECURITY NUMBER <b>312-05-8690</b>		13 USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		14 KIND OF BUSINESS OR INDUSTRY
<b>Retired Store Owner</b>		<b>Beckman Grocery</b>		
15a RESIDENCE - STATE <b>Indiana</b>	15b COUNTY <b>Lake</b>	15c CITY, TOWN OR LOCATION <b>Gary</b>		15d STREET AND NUMBER <b>3708 Tyler Street</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>
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
17 FATHER - NAME FIRST MIDDLE LAST <b>Bernard Beckman</b>		17 MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Johanna Hessling</b>		
18a INFORMANT - NAME (Type or print) RELATIONSHIP <b>Sabena Beckman - Wife</b>		18b MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>3708 Tyler Street Gary, Indiana 46408</b>		
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE <b>Chapel Lawn Memorial Gardens Schererville, Indiana</b>		
20a DATE (MONTH DAY YEAR) <b>November 25, 1981</b>		20b FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE, ZIP) <b>Geisen Funeral Home, Inc. 7905 Broadway, Mgr., Ind. 46410</b>		
21a To the best of my knowledge death occurred at the time, date and place and due to the conditions stated <b>[Signature]</b>		21b DATE SIGNED (e.g. Day, Mo., Year) <b>11-27-81</b>		21c HOUR OF DEATH <b>9:35 AM</b>
21d NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Arthur J. Beckman, M.D.</b>		21e MAILING ADDRESS - PHYSICIAN <b>12110 Grant Street Crown Point, Indiana 46307</b>		
22a HEALTH OFFICER - SIGNATURE <b>[Signature]</b>		22b DATE RECEIVED BY LOCAL HEALTH OFFICE <b>11-30-81</b>		
23 PART I IMMEDIATE CAUSE <b>Cerebral vascular accident secondary to cerebral vascular disease</b>		23 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>Probable femoral artery occlusion (thrombosis) shortly before death</b>		24 AUTOPSY (Specify Yes or No) <b>No</b>