662879

KEY 1-8-10 PT E2 NE S4 T32 R9 1.14AC EX W40ft

KEY 1-8-15 W40ft of NE S4T32R9 .229 AC

→ Fred Dahl 1/1602 Belshaw Rd Lowell Ind 46356

LAKE COUNTY BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

Local No. 893-80 State No.

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

Below for State Office Use

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q

LICENSE No. 5365 FUNERAL DIRECTOR'S LICENSE No. 2258

EMBALMER'S NAME William Sheets

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME No. 427

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

1. DECEASED—NAME: Hazel C. Dahl
2. SEX: Female
3. DATE OF DEATH: June 14, 1980
4. RACE: White
5a. AGE—Last Birthday: 92
5b. UNDER 1 YEAR: 5c. UNDER 1 DAY:
6. DATE OF BIRTH: 12-25-1887
7. COUNTY OF DEATH: Lake
8. CITY, TOWN OR LOCATION OF DEATH: Lowell
9. HOSPITAL OR OTHER INSTITUTION: Fuchs Nursing Home
9a. If HOSP. OR INST.: Inpatient
10. STATE OF BIRTH: Indiana
11. CITIZEN OF WHAT COUNTRY: USA
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed
13. SURVIVING SPOUSE:
14. WAS DECEDENT EVER IN U.S. ARMED FORCES: No
15. SOCIAL SECURITY NUMBER: 312 42 6857
16a. USUAL OCCUPATION: Home Maker
16b. KIND OF BUSINESS OR INDUSTRY: Own Home
17a. RESIDENCE—STATE: Indiana
17b. COUNTY: Lake
17c. CITY, TOWN OR LOCATION: Cedar Lake
17d. STREET AND NUMBER: 7121 W. 133rd Ave.
17e. IS RESIDENCE ON A FARM: ☐ Yes ☐ No
17f. INSIDE CITY LIMITS:
18a. IS DECEASED OF SPANISH DESCENT: ☐ Yes ☐ No
18b. FATHER—NAME: Harrison M. Ford
18c. MOTHER—MAIDEN NAME: Harriett Hare
19a. INFORMANT—NAME: Mrs. Louise Kistler
19b. MAILING ADDRESS: P.O. Box 1008 Cedar Lake, Indiana
20a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
20b. CEMETERY OR CREMATORY—FUNERAL HOME: West Creek Cemetery
20c. LOCATION: Lowell, Indiana
20d. DATE: 6-17-1980
20e. FUNERAL HOME—NAME AND ADDRESS: Sheets Funeral Home 604 E. Commercial Ave. Lowell, Ind.
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature: Dave B Templin
21b. DATE SIGNED: 6/16/80
21c. HOUR OF DEATH: 11:50 A.M.
21d. NAME OF ATTENDING PHYSICIAN: David B. Templin M.D.
21e. MAILING ADDRESS—PHYSICIAN: 308 E. Commercial Ave. Lowell, Indiana
22a. HEALTH OFFICER: Vera Tracy M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 6-17-80
23. MEDICAL CAUSES (Enter ONLY ONE CAUSE PER LINE FOR a), b) and c).)

PART I
a. Cardiac Arrest — Sudden
b. Coronary Arteriosclerosis — Unknown
c.

PART II (Other significant conditions—Conditions contributing to death but not related to cause given in PART I.)

FILED MAR 22 1982

24. AUTOPSY (Yes or No): 892

Auditor Lake County

SBH 06-003 REV. 10/77 State Form 35430

AUDITOR LAKE COUNTY

WILLIAM J. RECHTIEN JR.

CAUSE

400