

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

**FILED**

APR 5 1982

*John R. Ross*

AMSTER LAKE COUNTY

LICENSE No. 295

EMBALMER'S NAME: Vernon R. Engel

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 789

LICENSE No. 327

SIGNATURE

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

OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)

664453  
82-0214

Local No. ....

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. ....

926

DECEASED—NAME FIRST MIDDLE LAST Leonard Hale		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) March 28, 1982
1 RACE—(a) White, Black, American Indian or Alaska Native, (b) Other (Specify)	4 AGE—Last Birthday (Year, Month, Day) White 79	5 UNDER 1 YEAR 5a MONTHS 5b DATES	6 UNDER 1 DAY 5c HOURS 5d MINUTES
DATE OF BIRTH (Mo, Day, Yr) July 4, 1902		COUNTY OF DEATH Lake	
CITY, TOWN OR LOCATION OF DEATH Gary		7 HOSPITAL OR OTHER INSTITUTION—Name (do not include street and number) Methodist Hospital, Northlake Campus	
8 STATE OF BIRTH (If not in U.S.A. Name Country) Kentucky		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11 SURVIVING SPOUSE (If wife give maiden name) None	
12 SOCIAL SECURITY NUMBER 312-09-1931		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Switchman	
14a RESIDENCE—STATE Indiana		14b COUNTY Lake	
15a RESIDENCE—STATE Indiana		15b COUNTY Lake	
15c CITY, TOWN OR LOCATION Gary		15d STREET AND NUMBER 6001 W. 30th Street	
15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
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 Iva Hale		18 MOTHER—MAIDEN NAME FIRST MIDDLE LAST Ella Battie	
19 INFORMANT—NAME (If not informant, name of person who furnished information) Verna Hein (friend)		20 RELATIONSHIP friend	
21 MAILING ADDRESS—STREET OR R.F.D. NO., CITY OR TOWN, STATE 6021 W. 29th Place, Gary, Indiana		22 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
23 CEMETERY OR CREMATION—FUNERAL HOME Fordsville, Cemetery		24 LOCATION Fordsville, Kentucky	
25 DATE (MONTH, DAY, YEAR) April 1, 1982		26 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Engel Funeral Home, 2700 Willowcreek Rd., Portage, IN 46368	
27 NAME OF ATTENDING PHYSICIAN (Type as Print) David E. Ross, Jr.		28 DATE SIGNED (Mo., Day, Yr.) 3/30/82	
29 MAILING ADDRESS—PHYSICIAN 1619 W. 5th Avenue Gary, Indiana		30 HOUR OF DEATH 5:00	
31 HEALTH OFFICER—SIGNATURE S. M. Caldwell, M.D.		32 DATE RECEIVED BY LOCAL HEALTH OFFICER MAR 30 1982	
33 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (a) Acute Respiratory Failure (b) Bronchial Pneumonia (c) Chronic Obstructive Lung Disease; Dehydration		34 INTEREST BETWEEN ONSET AND DEATH A:00	
35 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Malnutrition		36 AUTOPSY (Specify, Yes or No) No	

Unit 41 Hwy #9-40-47  
Pt W. 8 N.W. N.W. S 24 T. 36 R. 9  
61A N. of R.R. 88. 26 X 313-68X  
100.44 X 25.4 X 47

*Vernon R. Engel*

*MG*

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110

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CERTIFIED COPY

*C. A. Caldwell, M.D.*

CITY OF GARY, IND.

DATE APR 5 1982