

Key 39-83-6
 Beverly Highland & 6-PLC
 Key 39-83-7
 Beverly Highland
 A. J. P. C.

665647
 TYPE OR PRINT
 PLAINLY WITH
 UNFADING INK
 THIS IS A
 PERMANENT
 RECORD

Below for State Office Use

THIS CERTIFICATE
 COMPLETE COPY OF THE
 ON FILE WITH THE
 HEALTH DEPT.

APR 7 1967

Disposition Permit
 Issued 17 167
 Provisional
 Certificate
 Yes No

EMBALMER'S NAME Cornelius Kuiper
 LICENSE NO. 1451
 FUNERAL DIRECTOR'S LICENSE NO. 365

3cc
 INDIANA STATE BOARD OF HEALTH
 DIVISION OF VITAL RECORDS
 MEDICAL CERTIFICATE OF DEATH
 State No. 46408
 Local No. 128-67

1. PLACE OF DEATH a. COUNTY <u>Lake</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Lake</u>			
b. CITY, TOWN, OR LOCATION <u>Gary</u>		c. CITY, TOWN, OR LOCATION <u>Gary</u>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>3016 W. 40th Ave.</u>		d. STREET ADDRESS <u>3016 W. 40th Ave</u>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>GLENN MCNEEL IMLER</u>		4. DATE OF DEATH Month Day Year <u>April 5, 1967</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 26, 1899</u>		
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>	11. BIRTHPLACE (State or foreign country) <u>Emporia, Kansas</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>W. I. N. D. transmitter, Gary</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Charles Imler</u>			
14. MOTHER'S MAIDEN NAME <u>Clara I. McNeel</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.1</u>			
16. SOCIAL SECURITY NO. <u>313-07-3285</u>		17a. INFORMANT'S NAME <u>Mrs Frances Imler</u>			
17b. INFORMANT'S ADDRESS <u>3016 W. 40th Ave., Gary, Indiana</u>		17c. RELATIONSHIP TO DECEASED <u>wife</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Advanced Bronchogenic Carcinoma</u> DUE TO (b) <u>Primary</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>APR 13 1967</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11:45 AM</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto on Lake County</u>		20c. TIME OF INJURY Hour: <u>2:00</u> Month: <u>April</u> Day: <u>5</u> Year: <u>1967</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>At work</u>			
20f. CITY, TOWN, OR LOCATION <u>Gary</u>		20g. COUNTY <u>Lake</u>			
20h. STATE <u>Indiana</u>		21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>1963</u> and last saw her alive on <u>April 5, 1967</u> Death occurred at <u>2:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. <input type="checkbox"/> E.S.T. <input checked="" type="checkbox"/> C.S.T.		22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at <u>11:45 AM</u> on the date stated above; and to the best of my knowledge, from causes stated and on above date. <input type="checkbox"/> E.S.T. <input checked="" type="checkbox"/> C.S.T.	
23a. Signature of Attending Physician or Health Officer <u>J. P. O. Miller, MD</u>		23b. ADDRESS <u>6111 Harmon St</u>			
23c. DATE SIGNED <u>April 7, 1967</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Apr 8, 1967</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Lawn Cemetery</u>			
24d. LOCATION <u>Gary, Indiana</u>		25. FUNERAL DIRECTOR <u>Geisen Funeral Home, Inc.</u>			
DATE REC'D BY LOCAL HEALTH OFFICER <u>APRIL 7, 1967</u>		SIGNATURE OF HEALTH OFFICER <u>A. J. P. C.</u>			
ADDRESS <u>Gary</u>		ADDRESS <u>Gary</u>			

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

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