

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

665841

Local No.

1284-81

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

5994 HARRISON
MEROL 416410

Below for State Office Use

FUNERAL HOME
No. 286

FUNERAL DIRECTOR'S LICENSE No. 242

EMBALMER'S NAME Harold D. Johnson

FUNERAL DIRECTOR'S SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK FOR REQUIRING COMPLETION OF RESIDENCE ITEMS.

PARENTS

LAKI COUNTY HEALTH COMMISSIONER

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1. JOHN W. ROBERTSON JR.				SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. August 29, 1981
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yrs) 5a. 50	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. 5-27-81	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Merrillville		HOSPITAL OR OTHER INSTITUTION—Name (If not in cell or, give street and number) 7c. Broadway Methodist Hospital		IF HOSP. OR INST. indicate SDA, OP, Emer. Rm., Inpatient (Specify) 7d.	
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Janet Hill		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes
SOCIAL SECURITY NUMBER 13. 311-28-0499		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Businessman		KIND OF BUSINESS OR INDUSTRY 14b. Cleaning	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Merrillville		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d. 5995 Harrison St.		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. Yes	
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 FIRST MIDDLE LAST 16. John W. Robertson Sr.			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Irene Kandalic		
INFORMANT—NAME (Type or Print) RELATIONSHIP 18a. Janet Robertson (wife)		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b. 5995 Harrison St., Merrillville, IN 46410			
BURIAL, CREMATION, REMOVAL, OTHER 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Chapel Lawn Cemetery		LOCATION CITY OR TOWN STATE 19c. Schererville, IN	
DATE (MONTH, DAY, YEAR) 20a. Sept. 1, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. V. Huber Funeral Home, 7051 Kennedy, Hammond, IN 46323			
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. 21a. Signature <i>Albert T. Willardo, M.D.</i>			DATE SIGNED (Mo., Day, Yr.) 21b. 8/31/81		HOUR OF DEATH 21c. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f. ALBERT T. WILLARDO, M.D., 2233 NORTH MAIN ST., CROWN POINT, IN. 46307			PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 8/29/81		PRONOUNCED DEAD (Hour) 21e. AT 8:00 p. M
HEALTH OFFICER—SIGNATURE 22a. <i>Paul J. Fry M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 8-31-81		
23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] PART I (a) Occlusive coronary arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO OR AS A CONSEQUENCE OF: (c) DUE TO OR AS A CONSEQUENCE OF:					RECORDED INDEXED FILED APR 30 1981 LAKI COUNTY HEALTH COMMISSIONER
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					AUTOPSY (Specify Yes or No) 24. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. Natural		DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d.	
INJURY AT WORK (Specify Yes or No) 25e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.	LOCATION 25g.	STREET OR R.F.D. NO CITY OR TOWN STATE	

FILED
CLERK OF CLERK OF DEATH
ON FILE WITH THE LAKI COUNTY HEALTH COMMISSIONER

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2
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Turner Meyn Park
Sept 1
Key # 36-25A

Disposition Permit Issued
Provisional Certificate
 Yes No

663

4.00