

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 _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

2 672410

LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IND. 46410
INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

3/4/6
SBH 13-3
R

Local No.

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Bruno E Drangmeister 2. male 3. 8-31-1973

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY) 4. white AGE—LAST BIRTHDAY (YEARS) 5a. 64 UNDER 1 YEAR MOS. 5b. UNDER 1 DAY HOURS MIN. 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 6. 8-29-1909 COUNTY OF DEATH 7a. Porter

CITY, TOWN, OR LOCATION OF DEATH 8. Valparaiso INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Porter Memorial Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Ill. CITIZEN OF WHAT COUNTRY 9. USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Lydia Rekow

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

SOCIAL SECURITY NUMBER 12. 352 01 6574 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Truck Driver KIND OF BUSINESS OR INDUSTRY 13b. Hammond Chemicals

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Jasper 14c. De Lotte 14d. No 14e. Keokuk

STREET AND NUMBER 14f. R.R. # 1 Box 145 De Lotte, Ind. 46310 RESIDENCE ON A FARM? 15. No

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. John - Drangmeister 16. Amanda - Schultz

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

17a. Mrs. Lydia Drangmeister 17b. Wife 17c. R.R. # 1 Box 145 De Lotte, Ind.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) *Cardiac arrest*

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) *Acute myocardial infarction*

(c) *ASA*

PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

AUTOPSY (YES OR NO) 19a. NO IF YES, WHERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. *See above*

DEATH OCCURRED (HOUR) 20a. 10:35 A.M. THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 20b. 8 31 1973 (HOUR) 21a. 10:35 A.M. DATE SIGNED (MONTH, DAY, YEAR) 21b.

CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)

22a. Mailing Address—Certifier STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

22b. *Robert L. McQuinn M.D.*

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER

24b. Faith Lutheran Cemetery 24c. Knian, Indiana 24d. 241

DATE (MONTH, DAY, YEAR) 24e. 9-4-1973 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Todd Funeral Home Inc. De Notte, Indiana 46310

FUNERAL DIRECTOR—SIGNATURE 25b. *Robert L. McQuinn* HEALTH OFFICER—SIGNATURE 26a. DATE RECEIVED BY LOCAL HEALTH OFFICER (MONTH, DAY, YEAR) 26b. 9-6-73

S-10 T-36 R-9
37-38-16
37-38-21
37-38-23

EMBALMER'S NAME: Malcolm E King
LICENSE No. 175
FUNERAL DIRECTOR'S LICENSE No. 1515

Disposition Permit Issued / /
Provisional Certificate Yes No

FILED
JUL 19 1973
DEPT. OF HEALTH
INDIANAPOLIS, IND.

31416
2

(5)

POWERS COUNTY HEALTH DEPT.
Valparaiso, Indiana

THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

E. J. de Haeghebaert
HEALTH OFFICER

