

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.  
7895 BROADWAY  
MERRILLVILLE, IND 46419  
DATE OF DEATH: September 28, 1981

675124

Local No. 1483-81

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

Below for State Office Use

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THIS CLERK'S COPY IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. J. Krause

EMBALMER'S NAME  
FUNERAL DIRECTOR'S SIGNATURE  
FUNERAL HOME  
No. 306  
FUNERAL DIRECTOR'S LICENSE No. 2012  
JUN 22 1982  
LAKELAKE COUNTY HEALTH COMMISSIONER'S DEPOSIT

DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION OR RESIDENCE BEFORE ADMISSION  
PARENT  
LAKELAKE COUNTY HEALTH COMMISSIONER'S DEPOSIT  
DATE OF DEATH  
DATE OF DEATH  
DATE OF DEATH

DECEASED - NAME FIRST MIDDLE LAST Robert E. Hastings		SEX Male	DATE OF BIRTH (Mo. Day Yr.) 10-18-1930	COUNTY OF DEATH Lake
RACE - (Is a White, Black, American Indian, etc.) White	AGE - (Last Birthday) 50	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MINS	
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION - (Name if not in column 7c, give street and number) St. Mary Medical Center		IF HOSP OR INST includes D.O.A. OR (Spec. Am. Impover. Specif.) D.O.A.
STATE OF BIRTH (If not in U.S.A. name country) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Ruby Dodson	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or years) 12 yes
SOCIAL SECURITY NUMBER 311-26-0781		USUAL OCCUPATION (Give kind of work done during most of working life, specify if part-time) 13a Truck Driver	KIND OF BUSINESS OR INDUSTRY 13b Red Top Trucking Co.	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hobart		
STREET AND NUMBER 15d 204 E. 12th Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY (Specify block) 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 16 Carl R. Hastings (deceased)		MOTHER - MAIDEN NAME 17 Goldie M. Monnett (deceased)		
INFORMANT - NAME (If you or parent) 18 Ruby Hastings, wife		MAILING ADDRESS 19 204 E. 12th St., Hobart, IN 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Evergreen Cemetery		LOCATION 19c Hobart, IN
DATE (MONTH DAY YEAR) 20a 10-1-1981		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-419		
To the best of my knowledge, death occurred at the time, date, and place stated (Signature) 21a A.J. Krasek M.D.		DATE SIGNED (Mo. Day Yr.) 21b Sept 29, 1981	HOUR OF DEATH 21c 11:00 AM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a A.J. KRSEK M.D.		MAILING ADDRESS - PHYSICIAN 21b N. Michigan, Hobart, Ind. 46342		
HEALTH OFFICER (Type or Print) 22a Fee Fee		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-5-81		
CONDITIONS (If any) WHICH HAVE BECOME IMMEDIATE CAUSE (STATING THE UNDERLYING CAUSE LAST) 23a CARDIOPULMONARY ARREST		PART (b) (c) INSTANT		
DUE TO (OR AS A CONSEQUENCE OF) 23b CORONARY OCCLUSION		PART (b) (c) INSTANT		
DUE TO (OR AS A CONSEQUENCE OF) 23c		PART (b) (c) INSTANT		
OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to cause given in PART 1a) 24		AUTOPSY (Specify Yes or No) 24 No		

K-17-2-51  
K-17-2-274 173-18  
K-17-2-274 173-18  
K-17-2-274 173-18

JH  
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