

677594

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TRUE COPY OF RECORD OF
REGISTRATION ON FILE AT
State DEPARTMENT OF HEALTH
No. DEPARTMENT.....

Local No. **mc 328**

488

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

DECEASED—NAME				SEX	DATE OF DEATH (MONTH, DAY, YEAR)
FIRST		MIDDLE	LAST	Male	3 July 28, 1982
1 Robert		H. Lutz			
RACE—(e.g. White, Black, American Indian, etc.) (Specify)	AGE—Last birthday (Yrs)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo, Day, Yr)	COUNTY OF DEATH
4 White	5a 73	5b	5c	6 9-20-1908	7a LaPorte
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (if not in ather, give street and number)		IF HOSP OR INST. Indicate DOA (OP, Emer. Rm., Inpatient) (Specify)
7b Michigan City			7c St. Anthony Hospital		7d Inpatient
STATE OF BIRTH (If not in U.S.A. Name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify)
8 Indiana	9 U.S.A.	10 Married	11 Mildred E. Kullin		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 317-09-7470A		14a Boilermaker		14b U.S. Steel	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
15a Indiana	15b Lake	15c Hobart		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER				IS RESIDENCE ON A FARM?	
R.R. #2 - 1335 S. Hobart Road				15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME			MOTHER—MAIDEN NAME		
FIRST MIDDLE LAST			FIRST MIDDLE LAST		
16 George Lutz			17 Anna Haggerty		
INFORMANT—NAME (Type or print)		RELATIONSHIP	MAILING ADDRESS		
18a Mildred Lutz, wife			18b R.R. #2 - 1335 S. Hobart Rd., Hobart, IN 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION	
19a Burial		19b Evergreen Cemetery		19c Hobart, Indiana	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
20a July 30, 1982		20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, Indiana 46342-4198			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated			DATE SIGNED (Mo, Day, Yr)	HOUR OF DEATH IN	
21a (Signature) <i>Dr. Mirza Raheem M.D.</i>			21b 8/7/1982	21c 1:35 AM	
NAME OF ATTENDING PHYSICIAN (Type or Print)					
21d Dr. Mirza Raheem M.D.					
MAILING ADDRESS—PHYSICIAN					
21e 902 Pine St Michigan City, Indiana 46360					
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a <i>James L. Greider M.D.</i>				22b 8-9-82	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c))					
PART I (a) Anoxic Encephalopathy				Interval between onset and death	
(b) Post Cardio pulmonary Arrest				Interval between onset and death	
(c) Coronary Artery Disease				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					AUTOPSY (Specify if or Not)
24					NO

SBH 06-003 State Form 35430
REV. 10/77

WILLIAM BRIDGES JR
 RECORDS
 AUG 12 2 38 PM '82
 STATE OF INDIANA
 DEPARTMENT OF HEALTH
 FILED IN RECORDS

FUNERAL HOME
 No. 306

FUNERAL DIRECTOR'S
 LICENSE No. D
 2012

FUNERAL DIRECTOR'S
 SIGNATURE
 9 1982

Aug 17-1-19

12/15/78

THIS IS A TRUE COPY OF THE RECORD
OF REGISTRATION ON FILE WITH THE
LA BEHCE COUNTY HEALTH DEPARTMENT.
[Signature]
HEALTH OFFICER

RECEIVED
12/15/78