

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

Below for Only Office Use

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EXAMINER'S NAME: Raymond Wagner
 LICENSE NO.: 1304
 MEDICAL CERTIFICATION
 FUNERAL DIRECTOR'S LICENSE NO.: 1940

683035 INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

again Lakeland
4701 Central
Lake Station
46011

Local No. 61-0380

1. PLACE OF DEATH
a. COUNTY Lake
b. CITY, TOWN, OR LOCATION Lake
c. Length of Stay in lb. 3
d. STREET ADDRESS 4711 Central Ave.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence last 6 months)
a. STATE Indiana
b. COUNTY Lake
c. CITY, TOWN, OR LOCATION East Gary
d. STREET ADDRESS 4711 Central Ave.
e. IS RESIDENCE INSIDE CITY LIMITS? YES NO f. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print) Harold Harold Schomaker
First Middle Last
4. DATE OF DEATH 3-26-61
Month Day Year

5. SEX M 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH Nov 15 1908
9. AGE (In years last birthday) 52
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel mill
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Virgil Schomaker 14. MOTHER'S MAIDEN NAME Anna Krejci

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 306-09-8091 17a. INFORMANT'S NAME Agatha Schomaker
17b. INFORMANT'S ADDRESS 4701 Central Ave. East Gary, Ind. 17c. RELATIONSHIP TO DECEASED Wife

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Posterior Myocardial Infarction
DUE TO (b) Severe Coronary Atherosclerosis
DUE TO (c) Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).
Fatty Metamorphosis of Liver, Cardiac Enlargement, Esophageal Diverticulum

19. INTERVAL BETWEEN ONSET AND DEATH
5 days
5-10 yrs.
1 yr.

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Mouth Day Year
a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from 1955 to MARCH 26, 1961 and last saw him alive on Mar. 25, 1961 Death occurred at 4:50 A.M. (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.
22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ M (C.S.T.) from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer Joseph O. Markle, MD 23b. ADDRESS 201 MAIN ST. HOBART, IND. 23c. DATE SIGNED Mar 27, 1961

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/29/61 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem. 24d. LOCATION Portage, Ind.

DATE REC'D BY LOCAL HEALTH OFFICER SIGNATURE OF HEALTH OFFICER SD [Signature] 25. FUNERAL DIRECTOR Edwin [Signature] ADDRESS Hobart, Ind.

Key 19-103-1
 Elvite Park
 1st 1 Bk a
 2nd 2 Bk c

89 R...
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE ... **MAR. 21 1961**