

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

Below for State Office Use

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1 _____
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8 KEY 18-79-5
9 KEY 18-79-12
10 LARSON'S 1ST SU
11 LOT 5 + 12
12 BLOCK 3

646

LICENSE No.

James J. Krause

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 306

LICENSE No. 2012

SIGNATURE

Local No. 1535-82

DECEASED

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

CAUSE

683110

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1. Willard P. Herring			SEX Male	DATE OF DEATH (MONTH DAY YEAR) September 20, 1982	
RACE—(a) White (b) Black American (c) Indian etc (Specify)	AGE—Last Birthday (Yr)	UNDER 1 YEAR MONS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo Day Yr)	COUNTY OF DEATH
White	75	5h	5c	7-30-1907	Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Hobart		HOSPITAL OR OTHER INSTITUTION—(Name if not in either give street and number) 7c. St. Mary Medical Center		IF HOSP OR INST Indicate DOA OF Inst. Am. Inpatient (Specify)	
STATE OF BIRTH (If not in U.S.A. name country) 8. Missouri		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife give maiden name) 11. Inez Swisher
SOCIAL SECURITY NUMBER 13. 307-01-7015		USUAL OCCUPATION (Give kind of work done during most of working life when retired) 14a. Roller		KIND OF BUSINESS OR INDUSTRY 14b. U.S. Steel Corp.	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hobart		STREET AND NUMBER 15d. 419 Kelly Street	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER—NAME 16. Oliver P. Herring			MOTHER—MAIDEN NAME 17. Kate Higgs		
INFORMANT—NAME (Type or print) 18a. Inez Herring, wife		RELATIONSHIP	MAILING ADDRESS 18b. 419 Kelly Street, Hobart, Indiana 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Chapel Lawn Cemetery		LOCATION 19c. Schererville, Indiana	
DATE (MONTH DAY YEAR) 20a. September 23, 1982		FUNERAL HOME—NAME AND ADDRESS 20b. Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart		CITY OR TOWN STATE ZIP 46342-410	
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) John J. Reed M.D.		DATE SIGNED (Mo, Day Yr) 21b. 9-22-82	HOUR OF DEATH IN 21c. 3:46 P M		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. JOHN J. REED M.D.		MAILING ADDRESS—PHYSICIAN 21e. 1600 MICHIGAN AVE HOBART IN 46342			
HEALTH OFFICER—SIGNATURE 22a. (Signature)		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 9-24-82			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23. IMMEDIATE CAUSE PART I (A) CARDIAC ARREST DUE TO OR AS A CONSEQUENCE OF (B) VENTRICULAR FIBRILLATION DUE TO OR AS A CONSEQUENCE OF (C) CORONARY ARTERY DISEASE, ATHEROSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE		INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		FILED OCT 05 1982 AUDITOR LAKE COUNTY			

James J. Krause
AUDITOR LAKE COUNTY

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