

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

Below for State Office

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Woodlawn Mason Lot 2
3-168-2

James O. Price
AUDITOR LAKE COUNTY

EMBALMER'S NAME James Love

FUNERAL DIRECTOR'S SIGNATURE *W. A. Steyer*

684136

FUNERAL HOME No. 427

FUNERAL DIRECTOR'S LICENSE No. 2258

Local No. 1577-82

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

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Charles E. Van Natta, Atty.
313 E Commercial Ave.
Lowell, Indiana 46350

State No.

DATE OF DEATH (MONTH DAY YEAR)
9-22-1982

516

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)		
1		Joanna		Schreiber	Female	3 9-22-1982		
RACE—(See g. White, Black, American Indian, etc. (Specify))	AGE—(List by Under 1 Year, Under 1 Day, Months, Days, Hours, Mins)	DATE OF BIRTH (Mo. Day Year)		COUNTY OF DEATH				
4 White	5a 84	6 5-23-1898		7a Lake				
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name, address or other give street and number)		IF HOSP OR INST. Indicate DDH OP (See 8a, Instructions, Specify)		
7b Lowell				7c Lowell Health Care Center		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 DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)			
8 Indiana	9 USA	10 Widowed	11		12 No			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY				
13 305 03 5507D		14a Homemaker		14b Own Home				
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)		
15a Indiana	15b Lake	15c Lowell		15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f Yes		
STREET AND NUMBER								
15d 221 W. Oakley								
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		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	
16		Peter		Doffin	Caroline		Wolf	
INFORMANT—NAME (Type or Print)		RELATIONSHIP	MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	
18a Mrs. Charlotte Ruley		Dau.	18b 221 W. Oakley		Lowell, In. 46356			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN	STATE	
19a Burial		19b St. Edwards Cemetery		19c Lowell, In.				
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
20a 9-24-1982		20b Sheets Funeral Home 604 E. Comm. Ave. Lowell, In. 46356						
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21a (Signature) <i>Robert W. King M.D.</i>		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH		
				21b 9/25/82		21c 9/23/82 10:21 AM		
NAME OF ATTENDING PHYSICIAN (Type or Print)		21d Robert W. King M.D.						
MAILING ADDRESS—PHYSICIAN		21e 13301 Lincoln Plaza Cedar Lake, In. 46303						
HEALTH OFFICER—SIGNATURE		22a <i>Peers Frey M.D.</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER		
						22b 10-4-82		
PART I		23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER MEMBER IN (a) AND (c))					Interval between onset and death	
(a)		Acute Coronary Arteriosclerosis					2 days	
(b)		Arteriosclerotic Vascular Disease					10 yrs	
(c)								
PART II		OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)					AUTOPSY (Specify Yes or No)	
							24	

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