

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

Flow for State Office Use

Bar + Cox Willard Ext  
Ore X 40  
7-170-18

685189  
Local No.

7+3  
1594-82

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No.

940

FILED

DECEASED  
FUNERAL HOME  
125 1982

DEATH  
OCCURRED IN  
INSTITUTION.  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

LICENSE No. 520  
FUNERAL DIRECTOR'S  
LICENSE No. 366

EMBALMER'S NAME  
Marty Andersen  
FUNERAL DIRECTOR'S  
SIGNATURE  
Albert T. Willardo

TYPE  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. George		H.	Thielbar	Sr.	2. Male	3. Oct. 3, 1982	
RACE—(a) White, Black, American Indian, etc. (Specify)	AGE—Last Birthday (Yr)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
4. White	5a. 50	5b. MOS	DATE	5c. HOURS	MIN.	6. 5-21-32	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number)		IF HOSP. OR INST. indicate DOA, Op./Emer. Rm., Inpatient (Specify)	
7b. Crown Point				7c. St. Anthony's Medical Center		7d. Emer. Room	
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. Married		11. Patricia McLaurin		12. Yes	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
13. 335-22-7307				14a. Brick Layer		14b. Self-Employed	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION					
15a. Indiana	15b. Lake	15c. Crown Point					
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
15d. 12104 Lee Street				15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. No	
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				MOTHER—MAIDEN NAME			
16. Ben Thielbar				17. Nine Crowford			
INFORMANT—NAME (If other than spouse)		RELATIONSHIP	MAILING ADDRESS		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
18a. Patricia Thielbar		(Wife)	18b. 12104 Lee Street		Crown Point, Indiana 46307		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME			LOCATION CITY OR TOWN STATE		
19a. Burial		19b. Calumet Park Cemetery			19c. Merrillville, Indiana		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
20a. Oct. 6, 1982		20b. Geisen Funeral Home, Inc. 109 N. East St. Crown Point, Ind. 46307					
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a. Signature: <i>Albert T. Willardo, M.D.</i>				21b. 10-5-82		21c. M	
NAME AND ADDRESS OF CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21f. ALBERT T. WILLARDO, M.D., 2793 NORTH MAIN ST., CROWN POINT, IN. 46307				21d. ON 10-3-82		21e. AT 10:42 A. M	
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a. <i>Paul Frey M.D.</i>				22b. 10-5-82			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I (a) Vascular collapse							
DUE TO, OR AS A CONSEQUENCE OF.							
(b) Due to arteriosclerotic heart & vascular disease							
DUE TO OR AS A CONSEQUENCE OF							
(c)							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)							
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
25a. Natural		25b. 25b.		25c. M		25d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO. CITY OR TOWN STATE	
25e.		25f.		25g.		25h.	

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

RECORDED  
INDEXED  
OCT 10 1982  
UNDETERMINED

400