

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

Disposition Permit Issued  Yes  No

Provisional Certificate  Yes  No

EMBALMER'S NAME **Ronald Harris**      FUNERAL HOME LICENSE No. **1576**

FUNERAL HOME **No. 750**      FUNERAL DIRECTOR'S LICENSE No. **94**

**725695**

Local No. **52-80**

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*Victrola Recy*  
*5681 Broadway*  
*Sherwood*  
State No. **698**

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

DECEASED—NAME <b>Carl H. Steele</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>1/10/80</b>	
RACE—(a) White, Black, American Indian and (b) Spanish <b>Caucasian</b>	AGE—(a) Exact <b>61</b>	UNDER 1 YEAR MOB	UNDER 1 DAY HOURS MINS <b>6c</b>	DATE OF BIRTH (Mo. Day Yr.) <b>10/14/1898</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not in other g to street and number) <b>Broadway Methodist Hospital</b>		IF HOSP OR INST Indicate DOA OP/Entr. Rem. Imperson. (Specify) <b>Inpatient</b>	
STATE OF BIRTH (if not in U.S.A. name country) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (if wife g to maiden name) <b>Ruth Behr</b>		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>None</b>
SOCIAL SECURITY NUMBER <b>312-10-0540</b>		USUAL OCCUPATION (Specify not of most time during most of working life, even if retired) <b>Steel Worker</b>		KIND OF BUSINESS OR INDUSTRY <b>Steel mill</b>	
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Gary, Indiana</b>		IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER <b>4135 W. 41st Avenue</b>		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>		CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER—NAME FIRST MIDDLE LAST <b>Unavailable</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Unavailable</b>		ADDITIONAL COUNTY	
INFORMANT—NAME (If v or print) <b>Ruth Steele</b>		MAILING ADDRESS STREET OR R.F. NO. CITY OR TOWN STATE ZIP <b>4135 W. 41st Avenue Gary Indiana 46408</b>		CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>White Post Cemetery</b>		LOCATION CITY OR TOWN STATE <b>Medaryville, Indiana</b>	
DATE (MONTH, DAY, YEAR) <b>1/12/80</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F. NO. CITY OR TOWN STATE ZIP) <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana 46322</b>		HOUR OF DEATH <b>1:30 PM</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature) <i>Rodolfo L. Jao</i>		DATE SIGNED (Mo., Day Yr.) <b>1/11/80</b>		ORDER	
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>RODOLFO L. JAO, M.D., INC.</b>		MAILING ADDRESS—PHYSICIAN <b>295 South Wisconsin St. Hobart Indiana 46342</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>1-11-80</b>	
HEALTH OFFICER—SIGNATURE <i>Ronald Harris</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>1-11-80</b>		Interval between onset and death	
PART I IMMEDIATE CAUSE (IF ONLY ONE CAUSE PER LINE FOR (a) AND (b)) <b>Metastatic Carcinoma Brain</b>		DUE TO, OR AS A CONSEQUENCE OF <b>Adenocarcinoma Colon with</b>		Interval between onset and death	
PART I IMMEDIATE CAUSE (IF ONLY ONE CAUSE PER LINE FOR (a) AND (b)) <b>metastasis to liver, lungs, Bones</b>		DUE TO, OR AS A CONSEQUENCE OF <b>O Brain</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>O Brain</b>		AUTOPT (Specify Yes or No) <b>NO</b>		24	

KEY 39-20-1  
 SEP 15 1980  
 ADDITION LBS COUNTY  
 5:30  
 JFC