

PLEASE PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

For State Office Use

A
B
C
D
E
F

*East Valley, Valparaiso, Ind. Co. is not all.
all 1983-5, 1984-2, 1984-5, 1984-5, 1984-5
all 1986, 1987, 1988, 1989, 1990, 1991, 1992*

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

775720

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

*Rees Funeral Home
600 W Ridge Road
Hobart
State No. 46342*

Local No.

SEP 15 1983

646

LICENSE No.

James J. Krause

EMBALLER'S NAME

FUNERAL HOME
Rees Funeral Home
No. 600 W Ridge Road
Hobart, Ind. 46342

FUNERAL DIRECTOR'S
LICENSE No. 2012

FUNERAL DIRECTOR'S
SIGNATURE *James J. Krause*

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.

CAUSE

1 DECEASED - NAME FIRST MIDDLE LAST RONALD H. SILVERTHORN		SEX Male	DATE OF DEATH MONTH DAY YEAR August 13, 1983
2 RACE White	3 AGE 57	4a UNDER 1 YEAR MONTHS DAYS	4b UNDER 1 DAY HOURS MINUTES
5 CITY, TOWN OR LOCATION OF DEATH Valparaiso		6 DATE OF BIRTH June 18, 1926	7 COUNTY OF DEATH Porter
7a STATE OF BIRTH Pennsylvania		7b MARRIED NEVER MARRIED WIDOWED DIVORCED Married	7c HOSPITAL OR OTHER INSTITUTION Porter Memorial Hospital
8 CITIZEN OF WHAT COUNTRY U.S.A.		9 SURVIVING SPOUSE Patricia Barrass	10 IF HUSBAND OR WIFE OF DECEASED (Specify)
11 SOCIAL SECURITY NUMBER 316-22-7814		12 USUAL OCCUPATION Purchasing Agent	13 KIND OF BUSINESS OR INDUSTRY Master Weld
14a RESIDENCE - STATE Indiana		14b COUNTY Lake	14c CITY, TOWN OR LOCATION Lake Station
15a STREET AND NUMBER 4443 Central Avenue		15b IS RESIDENTIAL PROPERTY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15c INSIDE CITY LIMITS (Specify YES OR NO) Yes
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17 FATHER NAME Hector		18 MOTHER NAME Gertrude	19 RELATIONSHIP Householder
20 INFORMANT NAME Patricia Silverthorn, Wife		21 RELATIONSHIP Wife	
22 Mailing Address 4443 Central Avenue, Lake Station, IN 46405		23 CITY OR TOWN, STATE, ZIP	
24 BURIAL, CREMATION, REMOVAL, OTHER Burial		25 CEMETERY OR CREMATORY - FUNERAL HOME Calvary Cemetery	
26 DATE August 17, 1983		27 LOCATION Portage, IN 46342-4198	
28 FUNERAL HOME NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Ridge Road, Hobart, IN		29 STREET, TOWN, STATE, ZIP	
30 SIGNATURE <i>Shreyes A. Desai</i>		31 DATE SIGNED August 19, 1983	
32 NAME OF ATTENDING PHYSICIAN Shreyes A. Desai, MD.		33 HOUR OF DAY 10:00 A.M.	
34 MAILING ADDRESS - PHYSICIAN 54 Roosevelt Road, Valparaiso, Indiana 46383		35 HEALTH OFFICER SIGNATURE <i>Ray A. Baberka, MD</i>	
36 HEALTH OFFICER NAME Ray A. Baberka, MD		37 DATE RECEIVED BY HEALTH OFFICER 8-25-83	
38 PART I (a) CAUSE OF DEATH Laceration of parotid gland with laceration of long. base vertebral artery spinal cord compression		39 INTERVAL BETWEEN ONSET AND DEATH	
38 PART I (b) CAUSE OF DEATH		40 INTERVAL BETWEEN ONSET AND DEATH	
38 PART I (c) CAUSE OF DEATH		40 INTERVAL BETWEEN ONSET AND DEATH	
39 OTHER SIGNIFICANT CONDITIONS		41 AUTOPSY (Specify Yes or No) No	

NP

006044

PORTER COUNTY HEALTH DEPT.
VALPARAISO, INDIANA

THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

Gary A. Babcock, MD
HEALTH OFFICER

