

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

729760

Local No.

1158-83

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

1545 Service St
Lake Station, IN 46405

Below for State Office Use
FILED

THE TYPE OR PRINT IN PERMANENT RECORD INSTRUCTIONS SEE A HANDBOOK

DECEASED—NAME: FRED ERNEST BLISS, SR. SEX: MALE DATE OF DEATH: OCTOBER 4, 1983

RACE: White AGE: 72 UNDER 1 YEAR: 0 DAYS UNDER 1 DAY: 0 HOURS UNDER 1 DAY: 0 MINUTES

CITY, TOWN OR LOCATION OF DEATH: LAKE STATION HOSPITAL OR OTHER INSTITUTION: 1545 Service Street

STATE OF BIRTH: Nebraska CITIZEN OF WHAT COUNTRY: U.S.A.

SOCIAL SECURITY NUMBER: 335-03-9305

RESIDENCE—STATE: INDIANA COUNTY: LAKE CITY, TOWN OR LOCATION: LAKE STATION

STREET AND NUMBER: 1545 Service Street

IS DECEASED OF SPANISH DESCENT? YES NO IS RESIDENCE ON A FARM? YES NO

FATHER—NAME: Gottlieb LAST: Bliss MOTHER—MAIDEN NAME: Josephine ALBRIGHT

16. INFORMANT—NAME (Type or print): Mrs. Marjorie Bliss (Wife) MAILING ADDRESS: 1545 Service Street, Lake Station, IN 46405

17. BIRTH: Josephine ALBRIGHT

18a. BIRTH: October 7, 1983

18b. BIRTH: October 7, 1983

19a. BIRTH: October 7, 1983

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22z. BIRTH: October 7, 1983

Robert Bartlett and Gary Small Farms
L & B Farms
#109

EMBALMER'S NAME: EUGENE L. FRUM LICEN 1988-420
FUNERAL DIRECTOR'S SIGNATURE: Eugene R. Frum
FUNERAL DIRECTOR'S LICENSE No. 699

Disposition Permit Issued
Provisional Certificate Yes No

CONDITIONS WHICH CAUSE DEATH TO BE REPORTED TO THE HEALTH DEPARTMENT

23. MANDATE CAUSE: (ENTER ONLY ONE CAUSE FOR EACH PART)

PART I (a) DUE TO OR AS A CONSEQUENCE OF: (a) *Cardiac arrest*

(b) DUE TO OR AS A CONSEQUENCE OF: (b) *Cardiac arrest*

(c) DUE TO OR AS A CONSEQUENCE OF: (c) *Cardiac arrest*

PART II (a) DUE TO OR AS A CONSEQUENCE OF: (a) *Cardiac arrest*

(b) DUE TO OR AS A CONSEQUENCE OF: (b) *Cardiac arrest*

(c) DUE TO OR AS A CONSEQUENCE OF: (c) *Cardiac arrest*

Signature: Eugene R. Frum M.D.

DATE RECEIVED BY LOCAL HEALTH OFFICER: 10-1-83

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