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729835

Local No. 441

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

E. Charles L. Biesen
9006 Maple Blvd
Highland, Indiana
State No. _____

FUNERAL HOME No. 750
FUNERAL DIRECTOR'S LICENSE No. 94
EMBALMER'S NAME: Ronald A. Harris
OCT 17 1983

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.

DECEASED—NAME FIRST MIDDLE LAST CLARENCE BIESEN		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 9-5-81
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 Caucasian	AGE—Last Birthday (Yrs) 5a. 64	UNDER 1 YEAR MOS DAYS 5b.	UNDER 1 DAY HOURS MINS 5c.
CITY, TOWN OR LOCATION OF DEATH 7b. East Chicago		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. St. Catherine Hospital	IF HOSP. OR INST. Indicate DOA, OP/Emat. Rm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Ruth (Collins) Biesen
SOCIAL SECURITY NUMBER 13 306-01-5689		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Self Employed	KIND OF BUSINESS OR INDUSTRY 14b. Biesen Excavating
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Highland	
STREET AND NUMBER 15d. 3837 Clough Street		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. Yes
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 16 Herman Biesen		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Rose Shear	
INFORMANT—NAME (Type or print) 18a. Ruth Biesen	RELATIONSHIP (Wife)	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 3837 Clough Street Highland, Indiana 46328	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b. Chapel Lawn Memorial Grdns	LOCATION CITY OR TOWN STATE 19c. Schererville, Indiana	
DATE (MONTH, DAY, YEAR) 20a. September 8, 1981	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana		
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a. (Signature) <i>E. A. Campagna</i>		DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c. 12:35 A.M.
NAME OF ATTENDING PHYSICIAN (Type or print) 21d. K. J. AIKW		MAILING ADDRESS—PHYSICIAN 21e. 800 W. Arthur Avenue Ind	
HEALTH OFFICER—SIGNATURE 22a. <i>E. A. Campagna M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 9-9-81	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 23 (a) <i>Cardiogenic shock</i>		Interval between onset and death	
(b) <i>Sepsis + enterofurunculosis</i>		Interval between onset and death	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 11a) 24 <i>P.O. coronary bypass</i>		AUTOPSY (Specify Yes or No)	

Unit 16 Reg #27-17-26
PL 7/14/84 708/4 978/4
8-27 T. B. G. P. 9
(198X 56X 198X 56)

FILED

OCT 17 1983

FUNERAL HOME
SIGNATURE OF FUNERAL HOME
CAUSE
CERTIFIED

RECORDED
INDEXED
OCT 17 1983
15 PM '83
STATE OF INDIANA
COUNTY OF HIGHLAND

400