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Crown Point, Indiana

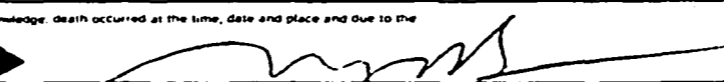
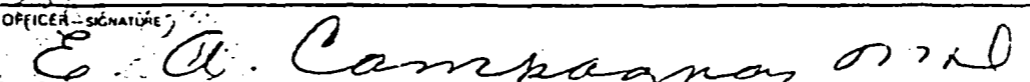
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

1194

Local No. 283

754962

DECEASED—NAME 1. Norman Westerfield		SEX 2. Male	DATE OF DEATH (MONTH DAY YEAR) 3. June 28, 1983
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. WHITE	AGE—Last Birthday (Yr) 5a. 50	UNDER 1 YEAR 5b. 3-6-1933	DATE OF BIRTH (Mo. Day Yr) 6. 3-6-1933
CITY, TOWN OR LOCATION OF DEATH 7b. EAST CHICAGO,		HOSPITAL OR OTHER INSTITUTION—(Name (if not in nature, give street and number)) 7c. ST CATHERINE HOSPITAL	COUNTY OF DEATH 7a. Lake
STATE OF BIRTH (If not in U.S.A. name country) 8. KENTUCKY	CITIZEN OF WHAT COUNTRY 9. U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. JUNE ADKINS
SOCIAL SECURITY NUMBER 13. 404-44-5038		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. AMERICAN MAIZE	KIND OF BUSINESS OR INDUSTRY 14b.
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. MUNSTER,	
STREET AND NUMBER 15d. 253 LAWNDALE DRIVE		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. EDMOND WESTERFIELD		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. UNAVAILABLE	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. JUNE WESTERFIELD (WIFE)	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 253 LAWNDALE DR., MUNSTER, INDIANA 46321		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19b. MEMORY LANE	LOCATION CITY OR TOWN STATE 19c. SCHERERVILLE, INDIANA	
DATE (MONTH, DAY, YEAR) 20a. 6-20-83	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. KUIPER, 9039 KLEINMAN RD., HIGHLAND, INDIANA		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) 		DATE SIGNED (Mo., Day Yr) 21b. June 29, 1983	HOUR OF DEATH 21c. 8:39 AM
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. M. Y. Ali, M.D.			
MAILING ADDRESS—PHYSICIAN 21e. 4320 Fir Street, East Chicago, IN. 46312			
HEALTH OFFICER—SIGNATURE 22a. 		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 6-29-83	
PART I IMMEDIATE CAUSE (REFER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Advanced Multiple Myeloma		Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24.	

LICENSE No. NOT APPLICABLE

FUNERAL HOME

LICENSE No.

FUNERAL DIRECTOR'S SIGNATURE

Connelma Kuiper

DECEASED
APR 30 1984

M.D. OR D.O.

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

CAUSE

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