

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

Below for State Office Use

KEY 1-115-19

A UNIT # 4  
PENNS CO RIVERSIDE  
B FARMS  
C LOT 361 & 362  
EY S. 201 ft

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EMBALMER'S NAME James M. Love

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 2258

FUNERAL HOME No. 427

LAKE COUNTY HEALTH COMMISSIONER

M.D. OR D.O.

CAUSE

DISPOSITION

PARENTS

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

Local No. 549-84

758016  
549-84

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1. David E. La Faive			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 3-12-1984
RACE—(a) White (b) Black (c) American Indian (d) Other (Specify) 4. White	AGE—Last Birthday (Year) (MOS) (DAYS) (HOURS) (MIN) 5a. 55	UNDER 1 YEAR 5b.	DATE OF BIRTH (MO, DAY, YEAR) 6. 11-20-1928	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Crown Point		HOSPITAL OR OTHER INSTITUTION—(Name if not on other page street and number) 7c. St. Anthonys Hospital		IF HOSP. OR INST. INDIAN DOA, OP/EM, (See instructions) (Specify) 7d. Inpatient
STATE OF BIRTH or that of U.S.A. (Specify) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If only give maiden name) 11. Josephine	
SOCIAL SECURITY NUMBER 13. 346-20-1467		USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) 14a. Operating Engineer	KIND OF BUSINESS OR INDUSTRY 14b. Local #150	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Schneider		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15a. 9803 West 241st Street			INSIDE CITY LIMITS (Specify YES or NO) 15b. No	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16. Earl La Faive		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Betty Wytinks		
INFORMANT—NAME (If you or parent) RELATIONSHIP 18a. Josephine La Faive Wife		MAILING ADDRESS (STREET OR R.F.D. NO.) CITY OR TOWN STATE ZIP 18b. 9803 West 241st Street Schneider, In. 46376		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE ZIP 19b. Sanders Cemetery 19c. Lowell, Indiana		
DATE (MONTH, DAY, YEAR) 20a. 3-14-1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Sheets-Love Funeral Home 604 E. Commercial Lowell, In. 46356		
To the best of my knowledge death occurred at the time, place and cause stated on the completed record 21a. Signature of Daniel J. Motyka, D.O.		DATE SIGNED (Mo, Day, Year) 21b. 3-22-84	HOUR OF DEATH (Specify if AM or PM) 21c. 12:04 PM	
NAME OF ATTENDING PHYSICIAN (If you or Parent) 21a. Daniel J. Motyka, D.O.		MAILING ADDRESS—PHYSICIAN 21b. 9335 Calumet Ave. Munster, Indiana		
HEALTH OFFICER'S SIGNATURE 22a. Paul D. Johnson, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. MAY 2 1984		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23. Cardio-respiratory Arrest		Minutes		
DUE TO OR AS A CONSEQUENCE OF 24. Respiratory Acidosis		Hours		
DUE TO OR AS A CONSEQUENCE OF 25. Chronic Obstructive Pulmonary Disease		Years		
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART 23) 26. Pulmonary Hypertension, Possible Malignancy of Right Lung		AUTOPSY (Specify Yes or No) 27. No		

FILED 84  
MAY 2 1984  
LAKESIDE LAKES COUNTY