

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

Grandview Add. L. 10 Bl. 3 W. 15 ft L. 9 Bl. 3
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

37455

Local No. 590-82-191 State No. _____

Belongs to State Office
A TRUE AND
CORRECT COPY OF THIS
CERTIFICATE OF DEATH
SHALL BE FILED WITH THE
LAKELAND COUNTY HEALTH
DEPARTMENT
APR 11 1983

KEY # 17-181-10
LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IND 46410
FUNERAL HOME
No. 561
LICENSE No. 4374
FEDERAL DIRECTOR'S
SIGNATURE
Douglas W. Olson
FUNERAL DIRECTOR'S
SIGNATURE
Douglas W. Olson
LAKE COUNTY HEALTH COMMISSIONER
No. 2130

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.

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

CAUSE

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1. Francis		Leroy	Howell	Male	April 9, 1983		
RACE - (to be White, Black, American Indian, or (Specify))	AGE - Last Birthday (Mo. Day Yr)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Yr)	COUNTY OF DEATH
4. White	5a. 53	5b. Mths	5c. Days	5d. Mins	5e. Secs	June 9, 1924	7a. Lake
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name in full in entire space street and number)		IF HOSP OR INST Indicate DDA (If Equal, Put Hospital's Specialty)	
7b. Hobart				7c. St. Mary Medical Center		7d. D.A.A.	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8. Pennsylvania	U.S.A.		Married	Betty Grant		17. Yes	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, specify)		KIND OF BUSINESS OR INDUSTRY	
13. 193-14-5038				14a. Bricklayer		14b. Steel	
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION					
15a. Indiana	15b. Lake	15c. Hobart					
STREET AND NUMBER				IS RESIDENCE ON A FARM?			
15d. 1701 E. 39th Ave.				15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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	MOTHER - MAIDEN NAME		
16. Leroy		Howell		17. Unavailable			
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS (Street or R.F.D. No. City or Town)		STATE	
18a. Betty Howell - Wife				18b. 1701 E. 39th Ave. Hobart In		46342	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION CITY OR TOWN STATE	
19a. Burial				19b. Calvary Cemetery		19c. Portage In	
DATE (MONTH DAY YEAR)				FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP)			
20a. April 13, 1983				20b. Olson Funeral Home 5341 Central Ave. Portage In 46368			
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.					DATE SIGNED (Mo. Day Yr)		HOUR OF DEATH
21a. (Signature) R.R. Barton M.D.					21b. 4-11-83		21c. M.
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d. R.R. BARTON M.D.							
MAILING ADDRESS - PHYSICIAN							
21e. 6101 Perry Ave Gary, IN 46403							
HEALTH OFFICER - SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a. (Signature) M.D.						22b. 4/11/83	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE OR IN ALTERNATE)							
(a) Myocardial infarction							
DUE TO OR AS A CONSEQUENCE OF							
(b) Coronary arteriosclerosis							
DUE TO OR AS A CONSEQUENCE OF							
(c) Diabetes mellitus							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I(a)							
24. (Specify Yes or No)							

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STATE OF INDIANA S.S. No. 46342
FILED FOR RECORD
LAKE COUNTY
RECORDER
Aug 9 2 28 AM '83

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AUG 1 1983
LAKE COUNTY
RECORDER