

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

767528

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 344-74

State No.

000232

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Edward M. Shearer 2. Male 3. 4/10/74

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH COUNTY OF DEATH

4. White 5a. 61 5b. 5c. 6. July 19 1912 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Munster 7c. Yes 7d. Med-Inn

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. North Dakota 9. U.S.A. 10. X 11. Marjorie Underwood

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 306-10-6039 13a. 13b.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Highland 14d. Yes 14e. North

STREET AND NUMBER 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 14h. IS RESIDENCE ON A FARM?

14f. 8624 Kleinman Road No

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Adam Shearer 16. Eldora Ceil

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Mrs. Marjorie Shearer 17b. Wife 17c. 8624 Kleinman Road Highland Indiana 46322

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Metastatic carcinoma of brain & lungs

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) Carcinoma of the kidney

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

Congestive Heart Failure

Atherosclerotic Heart Disease

19a. YES  NO  19b. YES  NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. M. 21a.

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. 22b. F. J. ... 22c. ... 22d. ...

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Chapel Lawn 24c. Schererville, Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 4/13/74 25a. Kuiper Funeral Home, Inc. 9039 Kleinman Road Highland, Indiana 46322

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. 26a. Peter Steyer M.D. 26b. April 15, 1974

LAKE COUNTY HEALTH COMMISSIONER

APR 15 1974

27-32-17  
S 22-32-9

FUNERAL HOME No. 750

FUNERAL DIRECTOR'S LICENSE No. 94

James M. Love

FUNERAL DIRECTOR'S SIGNATURE

Disposition Permit Issued / /

Provisional Certificate  Yes  No

FILED IN LAKE COUNTY

STATE OF INDIANA / S.S. NO. FILED IN LAKE COUNTY

WILLIAM AUG 6 11 04 AM '84 RECORDER

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