Commercial Bank
115 S. Court
678-72

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

771153

Local No. 678-72

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State C.P. No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

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

DECEASED—NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Ann	C	Rohrman	2. Female	3. Dec. 24, 1972

RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 57	5b.	5c.	6. 8-28-1915	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. Crown Point	7c. No	7d. 8112 Merrillville, Road

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Indiana	9. U.S.A.	10. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	11. Fred Rohrman

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 303-14-8090	13a. Housewife	13b. At Home

RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP
14a. Indiana	14b. Lake	14c. Crown Point	14d. No	14e. Ross

STREET AND NUMBER	14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	IS RESIDENCE ON FARM?
14f. 8112 Merrillville, Road	No	14h. YES ☐ NO X

PARENTS

FATHER—NAME FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST	MIDDLE	LAST
15. John		Hein	16. Applonia		Franz

INFORMANT—NAME	RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Fred Rohrman	17b. Husband	17c. 8112 Merrillville Rd., Crown Point, IN

CAUSE

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

18.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Carcinoma of Right Breast	1 Year
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (b)	
	DUE TO, OR AS A CONSEQUENCE OF: (c)	

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

Multiple metastasis of tumor to bones, liver, brain

AUTOPSY 19a. YES ☐ NO X

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES ☐ NO ☐

DATE & TIME OF DEATH MONTH DAY YEAR HOUR	DATE SIGNED MONTH DAY YEAR
20. Dec. 24, 1972 M.	21a. Dec. 26, 1972

M. D. OR D. O.

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE	SIGNATURE OF PHYSICIAN	PHY. CODE NO.
22a. WIlliam N. Horst, M.D.	22b. William N. Horst, M.D.	

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO	CITY OR TOWN	STATE	ZIP
23. 123 N. Court St.,	Crown Point	Indiana	46307

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME	LOCATION CITY OR TOWN	STATE
24a. Burial	24b. Calumet Park Cemetery	24c. Merrillville,	Indiana

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. Dec. 24, 1972	25a. Geisen Funeral Home, INc. 109 N. East St., Crown Point, IN

25b.	HEALTH OFFICER—SIGNATURE	DATE RECEIVED BY LOCAL HEALTH OFFICER
	26a. Peter Stecy, M.D.	26b. Dec. 26, 1972

EMBALMER'S NAME Robert P. Geisen LICENSE No. 3276

FUNERAL DIRECTOR'S SIGNATURE Robert P. Geisen FUNERAL HOME LICENSE No. 366

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

113-3
PD-10 100M

400