

TYPE OR PRINT
PLAINLY WITH
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PERMANENT
RECORD

772390

Local No. 538

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

| | | | | | | |
|---|--|---|--------|---|---|--|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. NORMAN C. ZACHAU | | | | | MALE | 3 AUGUST 1, 1984 |
| RACE—(e.g. White, Black, American Indian, etc.) (Specify) | | AGE—Last Birthday (Yr.) | | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (Mo., Day, Yr.) |
| 4. WHITE | | 5a. 74 | | 5b. MOS | 5c. HOURS | 6. 1-18-10. |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—Name (If not in cell pr. give street and number) | | | | IF HOSP OR INST. Indicate DUA OP—Emer. Rm. Inpatient (Specify) |
| 7b. HAMMOND | | 7c. 7035 JACKSON AVENUE | | | | 7d. NO |
| 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) | |
| 8. ILLINOIS | | 9. U.S.A. | | 10. MARRIED | 11. RUTH D. HUWIG | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give kind of work done during most of working life even if retired) | | | KIND OF BUSINESS OR INDUSTRY | |
| 13. 306-10-8401 | | 14a. ARMORED CAR MESSENGER | | | 14b. BRINKS, INC. | |
| RESIDENCE—STATE | | CITY, TOWN OR LOCATION | | IS RESIDENCE ON A FARM | | |
| 15a. INDIANA | | 15b. LAKE | | 15c. HAMMOND | | |
| STREET AND NUMBER | | IS RESIDENCE ON A FARM | | INSIDE CITY LIMITS (Specify Yes or No) | | |
| 15d. 7035 JACKSON AVENUE | | 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 | MOTHER—MAIDEN NAME | |
| 16. GEORGE ZACHAU | | | | | 17. LOUISE DIEBALL | |
| INFORMANT—NAME | | RELATIONSHIP | | MAILING ADDRESS | | |
| 18a. RUTH ZACHAU, WIFE | | | | 18b. 7035 JACKSON AVENUE, HAMMOND, INDIANA 46324 | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—FUNERAL HOME | | LOCATION | | |
| 19a. BURIAL | | 19b. CONCORDIA CEMETERY | | 19c. HAMMOND, INDIANA | | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | |
| 20a. 8-3-84 | | 20b. LAHAYNE FUNERAL HOME, INC., 5746 HOFFMAN, HMD, IN. | | | | |
| CERTIFIER | | On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated | | | DATE SIGNED (Mo., Day, Yr.) | |
| 21a. Signature <i>Daniel D. Thomas, M.D.</i> | | | | | 21b. 8-2-84 | |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) | | 21c. ON 8-1-84 | | | 21d. PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 21. DANIEL D. THOMAS, M.D., 2293 N. MAIN, CROWN POINT, INDIANA 46309 | | | | | 21e. AT 58 12:01 P.M. | |
| HEALTH OFFICER'S SIGNATURE <i>James M. ...</i> | | DATE RECEIVED BY LOCAL HEALTH OFFICER | | | 22b. AUG 3 1984 | |
| 22a. _____ | | 22c. _____ | | | 22d. _____ | |
| PART I | | IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) | | | | INTERVAL BETWEEN ONSET AND DEATH |
| (a) SEVERE CORONARY ARTERY DISEASE. | | | | | | UNDETERMINED |
| (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 (I) | | | | AUTOPSY (Specify Yes or No) |
| 24. YES | | | | | | |
| ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED |
| 25a. NATURAL | | 25b. _____ | | 25c. M | | 25d. _____ |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | LOCATION | | STREET OR R.F.D. NO., CITY OR TOWN, STATE |
| 25e. _____ | | 25f. _____ | | 25g. _____ | | AUDITOR LAKE COUNTY |

KEY 36-465-6 GEDRGE ZACHAU POEK 1700 L.G. & S.2.Ft. L.7 OCT 2
 THIS CERTIFCATE OF THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH
 ON FILE WITH THE HAMMOND HEALTH DEPT.
 AUG 3 1984
 HAMMOND HEALTH COMMISSIONER
 LICENSE NO. 710
 FUNERAL HOME
 No. 288
 FUNERAL DIRECTOR'S
 LICENSE No. 957
 EMBALMER'S NAME HAROLD
 FUNERAL DIRECTOR'S SIGNATURE
 DATE ISSUED
 Disposition Permit Issued / /
 Provisional Certificate
 Yes No

FILED

SEP 12 1984