

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

Reo Funeral Home
600 State W. Ridge Rd. C
No. Hobart

Local No. 2119-84

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

780338

THIS IS
PERMANENT
RECORD

NOV 15 1984

Below for State Office Use

A _____
B _____
C _____
D _____
E _____

THIS CERTIFIES THE ABOVE IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF
DEATH ON FILE WITH THE LAKE COUNTY
HEALTH DEPT.
NOV 13 1984

Key 43-56-3
Gary Beach
Blk F
10
11/10/84

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: *William K. Wilson*
 LICENSE No. 2256
 FUNERAL DIRECTOR'S SIGNATURE: *Richard D. ...*
 LICENSE No. 2012
 FUNERAL HOME: *Reo Funeral Home*
 No. 306
 COUNTY: *LAKE COUNTY*
 CITY: *Hobart*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME 1. HAZEL A. HEPNER		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. November 10, 1984
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Mo., Day) 5a. 73	DATE OF BIRTH (Mo., Day, Yr.) 6. 4-13-1911	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Hobart		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c. St. Mary's Medical Center	IF HOSP. OR INST. Indicate DOA, OP, Enter Res., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. Name country) 8. IN	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Lawrence E. Hepner
SOCIAL SECURITY NUMBER 13. 312-05-3139B	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Home-maker	KIND OF BUSINESS OR INDUSTRY 14b. None	
RESIDENCE—STATE 15a. IN	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Gary	
STREET AND NUMBER 15d. 6923 Hemlock Avenue		IS RESIDENCE ON A FARM? 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 16. Charles Salzman, (dec.)		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Ida Barchhold, (dec.)	
INFORMANT—NAME RELATIONSHIP 18a. Lawrence E. Hepner, Husband	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 18b. 6923 Hemlock Avenue, Gary, Indiana 46403		
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery	LOCATION CITY OR TOWN STATE 19c. Merrillville, Indiana	
DATE (MONTH, DAY, YEAR) 20a. November 14, 1984	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Reo Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause stated. 21a. Signature: <i>Daniel D. Thomas M.D. by Wm. H.</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 11/13/84	HOUR OF DEATH 21c. 5:30 p. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d. DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		PROMOUNCED DEAD (Mo., Day, Yr.) 21d. ON 11/10/84	PROMOUNCED DEAD (Hour) 21e. AT 5:30 p. M
HEALTH OFFICER—SIGNATURE 22a. <i>Carl Johnson MD</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 11-13-84	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, AND 1c) (a) Severe atherosclerotic heart disease; Congestive DUE TO, OR AS A CONSEQUENCE OF: (b) heart failure; Marked kypho scoliosis DUE TO OR AS A CONSEQUENCE OF: (c) <i>INDIAN</i>			Interval between onset and death Undetermined
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24. Yes			AUTOPSY (Specify Yes or No)
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. Natural	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d.
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.	LOCATION 25g.	CITY OR TOWN STATE

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