

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

1782294

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

1984

Local No. 2285-84

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE DEATH CERTIFICATE OF HEALTH DEPT.

EMBALMER: JAMES F. BURNS  
 FUNERAL HOME: 946 LICENSE 1984  
 FUNERAL DIRECTOR'S LICENSE No. 1374  
 SIGNATURE: *James F. Burns*

FUNERAL HOME No. 238

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 BEARING THE UNDERLYING CAUSE LAST

CAUSE

|   |  |  |   |  |   |   |   |  |
|---|--|--|---|--|---|---|---|--|
| 1. DECEASED—NAME<br>FIRST MIDDLE LAST<br>NORMAN H. CASNER   |  |  | 2. SEX<br>MALE  |  | 3. DATE OF DEATH (MONTH, DAY, YEAR)<br>NOVEMBER 20, 1984  |   |   |  |
| 4. RACE—(to g. White, Black, American Indian, etc.) (Specify)<br>WHITE  |  | 5a. AGE—Last Birthday (Yrs.)<br>81   |   | 6. DATE OF BIRTH (Mo., Day, Yr.)<br>OCT. 11, 1903                                      |   | 7a. COUNTY OF DEATH<br>LAKE   |   |  |
| 7b. CITY, TOWN OR LOCATION OF DEATH<br>HOBART   |  |  | 7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number)<br>2 EAST 3rd STREET |  |   | 7d. IF HOSP OR INST Indicate DOA, OP, Error, Am., Impaired (Specify)<br>RESIDENCE   |   |  |
| 8. STATE OF BIRTH (If not in U.S.A. Specify)<br>CANADA  |  | 9. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |   | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>MARRIED                     |   | 11. SURVIVING SPOUSE (If wife, give maiden name)<br>FRANCES E. GLOSSL   |   |  |
| 12. SOCIAL SECURITY NUMBER<br>074-20-3978   |  | 14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>OWNER - SELF-EMPLOYED                              |   |  | 14b. KIND OF BUSINESS OR INDUSTRY<br>NORMAN CASNER & ASSOCIATES<br>REALTY   |   |   |  |
| 15a. RESIDENCE—STATE<br>INDIANA   |  | 15b. COUNTY<br>LAKE  |   | 15c. CITY, TOWN OR LOCATION<br>HOBART  |   |   | 15e. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 15d. STREET AND NUMBER<br>2 EAST 3rd STREET   |  |  | 15f. INSIDE CITY LIMITS (SPECIFY YES OR NO)<br>YES  |  | 15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |   |  |
| 16. FATHER—NAME FIRST MIDDLE LAST<br>FRANCIS HERBERT CASNER   |  |  | 17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST<br>MARTHA ELLEN DEAN   |  |   |   |   |  |
| 18. INFORMANT—NAME (Type or print) RELATIONSHIP<br>FRANCES E. CASNER—WIFE   |  | 18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP<br>2 EAST 3rd STREET, HOBART, INDIANA 46342                                     |   |  |   |   |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>CREMATION   |  | 19b. CEMETERY OR CREMATORY—FUNERAL HOME<br>OAKLAND MEMORY LANES  |   | 19c. LOCATION CITY OR TOWN STATE<br>DOLTON, ILLINOIS                                   |   |   |   |  |
| 20a. DATE (MONTH, DAY, YEAR)<br>NOVEMBER 20, 1984   |  | 20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)<br>BURNS FUNERAL HOME, 701 E. 7th ST., HOBART, INDIANA 46342 |   |  |   | 21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated<br>DATE SIGNED (Mo., Day, Yr.)<br>NOV 20, 1984 |   |  |
| 21a. (Signature)<br><i>John Scully</i>  |  | 21b. NAME OF ATTENDING PHYSICIAN (Type or Print)<br>JOHN SCULLY, M.D.  |   | 21c. HOUR OF DEATH<br>11:30 AM   |   | 21d. STATE OF INDIANA HEALTH DEPARTMENT FILED FOR RECORD  |   |  |
| 21e. MAILING ADDRESS—PHYSICIAN<br>7891 BROADWAY, MERRILLVILLE, INDIANA 46410  |  | 22a. HEALTH OFFICER—SIGNATURE<br><i>Paul Johnson</i>   |   |  |   | 22b. DATE RECEIVED BY LOCAL HEALTH OFFICER<br>11-21-84  |   |  |
| 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART I (a) Cerebral Thrombosis - Right Middle Cerebral Artery & Left Hemiplegia                                    |  | 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>(b) _____   |   | 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>(c) _____ |   | 24. INTERVAL BETWEEN ONSET AND DEATH<br>3 months  |   |  |
| 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) |  | 24. AUTOPSY (Specify Yes or No)  |   |  |   | 24.   |   |  |

Legals on Reverse Side

550

Elliotts Park L. 11 BL. 4 Key 19-107-11  
 L. 12 BL. 4 Key 19-107-12  
 L. 13 BL. 4 Key 19-107-13  
 L. 14 BL. 4 Key 19-107-14  
 L. 15 BL. 4 Key 19-107-15  
 L. 16 BL. 4 Key 19-107-16  
 L. 17 BL. 4 Key 19-107-17  
 L. 18 BL. 4  
 + N<sup>1</sup>/<sub>2</sub> VAC. ALLEY ADJ } Key 19-107-18

L. 19 BL. 4 }  
 + S<sup>1</sup>/<sub>2</sub> VAC. ALLEY } Key 19-107-19  
 SUBJ TO EASMT

E. 10.83 FT. }  
 L. 20, 21 + 22 BL. 4 } Key 19-107-20  
 + S<sup>1</sup>/<sub>2</sub> VAC. ALLEY ADJ

PT. N 1098.8 FT OF E. 496 FT.  
 OF NE NE S. 21 T. 36 R. 7  
 CONT'G 9.929 AC

Key 50-113-19

Trotman's 1st. Sub. L. 2 BL. 1 50-184-1  
 L. 3 BL. 1 50-184-2  
 L. 4 BL. 1 50-184-3

Geo + WM Earles Lake George  
 5th Sub + Adj Vac. N. 19 ft  
 of W 3RD St. L. 12 BL. 20

Key 17-144-13

L. 13 BL. 20 Key 17-144-14

Geo + WM Earle's Lake George

5th Sub. Lots 14-15 + 16 Bl. 20  
 + Adj Vac. N. 19 ft of W 3RD St  
 of said Lots

Key 17-144-17