

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office

FILED
DEC 4 1984

Lucie D. [Signature]

AUDITOR LAKE COUNTY

FUNERAL HOME

No. 303

LICENSE No. 601

EMBALMER'S NAME LAWRENCE MILLER

FUNERAL DIRECTOR'S

SIGNATURE *Lawrence Miller*

LICENSE No. 1322

FUNERAL DIRECTOR'S
SIGNATURE *Lawrence Miller*

782812

Local No. 242584

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
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

031

DECEASED—NAME 1 FIRST MIDDLE LAST NELSON GWIN REED			SEX 2 MALE	DATE OF DEATH (MONTH DAY, YEAR) 3 FRI NOVEMBER 30, 1984
RACE—(e.g. White, Black, American Indian, etc. (Specify)) 4 WHITE	AGE—Last Birthday (Year) 5a 77	UNDER 1 YEAR 6a MONTHS 6b DAYS	UNDER 1 DAY 6c HOURS 6d MIN.	DATE OF BIRTH (Mo., Day, Yr.) 7a NOV 15, 1907
CITY, TOWN OR LOCATION OF DEATH 7b DYER		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c OUR LADY OF MERCY HOSPITAL		IF HOSP OR INST. Indicate DOA, OP, Emer, Rm., Important (Specify) 7d
STATE OF BIRTH (If not in U.S.A. name country) 8 IND	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 EDNA ENGLE	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO
SOCIAL SECURITY NUMBER 13 306-01-8582		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a PUMPER	KIND OF BUSINESS OR INDUSTRY 14b SINCLAIR REFINERY	
RESIDENCE—STATE 15a IND	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c SCHERERVILLE		
STREET AND NUMBER 16d 350 W. U.S. 30		IS RESIDENCE ON A FARM? 16e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 16f yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 18a FIRST MIDDLE LAST NELSON B REED		MOTHER—MAIDEN NAME 18b FIRST MIDDLE LAST CARRIE E. GWIN		
INFORMANT—NAME (Type or print) 18a EDNA REED		MAILING ADDRESS 18b STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP P.O. BOX 3 SCHERERVILLE, IN 46375		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b CALUMET PARK CEMETERY		LOCATION 19c CITY OR TOWN STATE MERRILLVILLE, IN
DATE (MONTH DAY, YEAR) 20a WED DECEMBER 5, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b FAGEN-MILLER FUNERAL GARDENS, INC. 2828 HIGHWAY AVE. HIGHLAND, IN		
To the best of my knowledge, death occurred at the time, date and place and due to the reasons stated. 21a (Signature) <i>John [Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b	HOUR OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d				
MAILING ADDRESS—PHYSICIAN 21a 9495 Keilman Street, St. John, Indiana 46373				
HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 12-1-84	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))				
PART I (a) <u>carcinomatosis</u>				
DUE TO OR AS A CONSEQUENCE OF				
(b) <u>pulmonary edema</u>				
DUE TO OR AS A CONSEQUENCE OF				
(c) <u>bilateral Pleural effusion</u>				
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)				

SBH 06-003
REV. 10/77

Disposition Permit
Issued / /

Provisional
Certificate

Yes No

STATE OF INDIANA, S.S. NO. LAKE COUNTY, INDIANA
FILED FOR RECORD
DEC 4 1984
WILLIAM BILSKA, JR.
REGISTRAR

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