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PLAINLY WITH  
NON-FADING INK  
THIS IS A  
PERMANENT  
RECORD

Form for State Office Use

LANE COUNTY HEALTH COMMISSIONER  
JERRY HUSEMAN  
1861 LICENSE No. 32

Disposition Permit Issued  
Provisional Certificate  
 Yes  No

786158

Local No. 1452-81

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. Jerry Huseman

EMBALMER'S NAME: ROBERT P. GEISEN  
FUNERAL DIRECTOR'S SIGNATURE: [Signature]  
FUNERAL HOME: GEISEN FUNERAL HOME, 109 N. EAST ST., CROWN POINT, IN 46307  
LICENSE No. 1861

DECEASED—NAME 1. FIRST: Arthur MIDDLE: R. LAST: Huseman			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) September 28, 1981
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yr.) 5a. 69	UNDER 1 YEAR 5b. MOS. DATE	UNDER 1 DAY 5c. HOURS MINES	DATE OF BIRTH (Mo., Day, Yr.) 6. 12-28-1911
CITY, TOWN OR LOCATION OF DEATH 7d. Dyer		HOSPITAL OR OTHER INSTITUTION—(Name if not in index, give street and number) 7c. Our Lady of Mercy Hospital		IF HOSP. OR INST. Indiana DOA. Of Emer. Rm., Inpatient (Specify) 7d. Emer. Rm.
STATE OF BIRTH (If not in U.S.A. name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Loretta Herman	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. Mo. Day) 12. No
SOCIAL SECURITY NUMBER 13. 312-10-3745		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Maintenance	KIND OF BUSINESS OR INDUSTRY 14b. Youngstown Sheet & Tube	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Dyer		
STREET AND NUMBER 15d. 7926 Howard Street			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. No
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 18. FIRST: Anton MIDDLE: H. LAST: Huseman		MOTHER—MAIDEN NAME 17. FIRST: Theresa MIDDLE: Weber LAST: Weber		
INFORMANT—NAME (If spouse, print) 18a. Loretta Huseman		RELATIONSHIP Wife	MAILING ADDRESS 18b. 7926 Howard Street CITY OR TOWN: Dyer, Indiana STATE: IN ZIP: 46311	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery		LOCATION 19c. Merrillville, Indiana
DATE (MONTH, DAY, YEAR) 20a. October 1, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307		
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated.			DATE SIGNED (Mo., Day, Yr.) 21b. 9-29-81	HOUR OF DEATH 21c. 7:55 A.M.
21a. Signature: [Signature] M.D. NAME AND ADDRESS OF CERTIFIER (If wife or friend) 21i. ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN, 46307			PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 9-28-81	PRONOUNCED DEAD (Hour) 21e. AT 7:55 a.m.
HEALTH OFFICER'S SIGNATURE 22a. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 9-29-81		
23. IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I (a) Cardiovascular, pulmonary failure				Interval between onset and death 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 (a)				AUTOPSY (Specify Yes or No) 24. 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.	STREET OR R.F.D. NO.	CITY OR TOWN STATE