

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

Below for State Office Use

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LICENSE No.

James M. Love

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 427

No. 2258

SIGNATURE

Local No. 2078-84

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

Barbara A. Young
P.O. Box 369
Valepo, In.
State No. _____

DECEASED—NAME FIRST MIDDLE LAST 1 Sidney F. Marshall Sr.			SEX Male	DATE OF DEATH (MONTH DAY YEAR) 3 10-29-1984	
RACE—(See g. White, Black, American Indian, etc. (Specify)) 4 White	AGE—(Last birthday) (M Y D) 6a 80	UNDER 1 YEAR MO. DATE 5b	UNDER 1 DAY HOURS MIN. 5c	DATE OF BIRTH—(See 7c) 6 7-12-1904	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Cedar Lake		HOSPITAL OR OTHER INSTITUTION—(Name of institution, give street and number) 7c 11314 West 109th Ave.		IF HOSP OR INST indicate DOA OP Emer. Res. Institution (Specify) 7d	
STATE OF BIRTH (If not in U.S.A. name country) 8 Penn.	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOW/D DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If male give maiden name) 11 Antoinette Jezuwit		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 306-01-9383		USUAL OCCUPATION (Give 1 and of most done during most of working life, even if seasonal) 14a Operating Engineer		KIND OF BUSINESS OR INDUSTRY 14b Local #150	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Cedar Lake			
STREET AND NUMBER 15d 11314 West 109th Ave.			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. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME 16 William S. Marshall		MOTHER—MAIDEN NAME 17 Abbie Snyder			
INFORMANT—NAME (Type or print) RELATIONSHIP 18 Antoinette Marshall Wife		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 11314 West 109th Ave. Cedar Lake Indiana 46303			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Lowell Cemetery		LOCATION CITY OR TOWN STATE ZIP 19c Lowell Indiana 46303	
DATE (MONTH, DAY, YEAR) 20a 11-1-1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Sheets-Love Funeral Home 604 E. Commercial Lowell, In. 46356			
To the best of my knowledge death occurred at the time, date and place and due to the causes stated. 21a (Signature) <i>Manuel B. Gabato, M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21b 11/1/84	HOUR OF DEATH 21c 12 PM '85		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Manuel B. Gabato, M. D.		M.D. OR D.O.			
MAILING ADDRESS—PHYSICIAN 21e 12110 Grant Street Crown Point, Indiana 46307		HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson, M.D.</i>			
DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 11-5-84		CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerotic Heart Disease DUE TO OR AS A CONSEQUENCE OF (c) PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 Chronic Obstructive Lung Disease			