

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
- 2 _____
- 3 _____
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- 5 _____
- 6 _____
- 7 _____
- 8 _____

Disposition Permit Issued / /

Provisional Certificate
 Yes No

Harold Johnson

LICENSE No. 710

FUNERAL DIRECTOR'S SIGNATURE

LICENSE No. 242

FUNERAL HOME

No. 286

795534 No. *P. 503-81*

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Inter Office
Mindy Beth Loan
State Criminal Clerk Office
No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK		DECEASED—NAME FIRST MIDDLE LAST 1 FRANCINE LOAR		SEX 2 Female	DATE OF DEATH (MONTH, DAY, YEAR) April 1, 1981
RACE—(a) White, Black, American Indian, etc. (Specify) 4 White		AGE—Last Birthday (Yr) 5a 43	UNDER 1 YEAR MOE DATE	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (Mo., Day, Yr.) 6 11/27/37
CITY, TOWN OR LOCATION OF DEATH 7b St. John		HOSPITAL OR OTHER INSTITUTION—(Name if not in cell or, give street and number) 7c 9021 Bryan St.		COUNTY OF DEATH 7d Lake	
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 Frank Loar
SOCIAL SECURITY NUMBER 13 311-36-4664		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Secretary		KIND OF BUSINESS OR INDUSTRY 14b Government	
RESIDENCE—STATE 15a Indiana		COUNTY 15b Lake		CITY, TOWN OR LOCATION 15c St. John	
STREET AND NUMBER 15d 9021 Bryan St.		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f. Yes	
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 Frank Czyszczow			MOTHER—MAIDEN NAME FIRST 17 Josephine Grabowski		
INFORMANT—NAME (Print or Print) 18a Frank Loar (husband)		RELATIONSHIP 18b husband		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18c 9021 Bryan St., St. John, Indiana 46323	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Chapel Lawn Cemetery		LOCATION CITY OR TOWN STATE 19c Schererville, In.	
DATE (MONTH, DAY, YEAR) 20a 4/4/81		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b V. Huber Funeral Home, 7051 Kennedy, Hammond, IN.		DATE SIGNED (Mo., Day, Yr.) 21b 4-27-81	
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 4-27-81		HOUR OF DEATH 21c M 8:17 AM	
CERTIFIER 21a. Signature Albert T. Willarod, M.D.		NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f. ALBERT T. WILLAROD, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 4-27-81	
HEALTH OFFICER'S SIGNATURE 22a. Paul J. Hyde		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 4-27-81		Interval between onset and death 23. Undetermined	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23. vascular collapse		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 23. etiology undetermined		Interval between onset and death 23. Undetermined	
CAUSE PART I (a) vascular collapse		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death 23. Undetermined	
PART II (b) etiology undetermined		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death 23. Undetermined	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II		DATE OF INJURY (Mo., Day, Yr.) 25a N/A		HOUR OF INJURY 25c. M	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a N/A		DATE OF INJURY (Mo., Day, Yr.) 25b. N/A		HOUR OF INJURY 25c. M	
INJURY AT WORK (Specify Yes or No) 25e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.		DESCRIBE HOW INJURY OCCURRED 25d. HELD	
LOCATION 25g		STREET OR R.F.D. NO. 25h		CITY OR TOWN STATE 25i. St. John, IN.	

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 Ref 11-53-8
 Ref 46
 Mar 14 1985
 Auditor Lake County
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