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26-94-4
 Monofacure's Ad. & Photo 4x5 & 6
 B&W
 THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY

800706

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 923-84

FUNERAL HOME

No. 750

FUNERAL DIRECTOR'S

LICENSE No. 94

FUNERAL DIRECTOR'S

LICENSE No. 94

EMBALMER'S NAME RO. H. ALHEUTER, R.E.E.D.

FUNERAL DIRECTOR'S SIGNATURE C. A. Rupp

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

STATE OF INDIANA

LAKE COUNTY HEALTH COMMISSIONER

DECEASED—NAME FIRST MIDDLE LAST Marcus Hahn		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) May 15, 1984
RACE—(a) White, Black, American Indian, (b) Other (Specify) White	AGE—Last Birthday (Yr, Mo, Day) 77	UNDER 1 YEAR MOS DATES 5h	UNDER 1 DAY HOURS MINUTE 5c
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c Lake County Convalescent Home	IF HOSP OR INST. Indicate DOA OR (Emor. Rm., Institution) (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Freida Drewes
SOCIAL SECURITY NUMBER 13 312-10-7667		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Stillman	KIND OF BUSINESS OR INDUSTRY 14b OIL - RETIRED
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Griffith	
STREET AND NUMBER 15d 238 N. Indiana Street		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 John Hahn		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Saloma Oaks	
INFORMANT NAME (Type or print) 18a Freida Hahn	RELATIONSHIP Wife	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 238 N. Indiana St. Griffith Indiana 46319	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19b CALUMET PARK	LOCATION CITY OR TOWN STATE 19c MEKILLVILLE, INDO	
DATE (MONTH, DAY, YEAR) 20a MAY 17, 1984	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20b KUIPER FUNERAL HOME HIGHLAND, INDO	DATE SIGNED (Mo., Day, Yr.) 21b May 15, 1984	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Cesar C. Labitan M.D.		HOUR OF DEATH 21c 3:00 A.M.	
MAILING ADDRESS—PHYSICIAN 21e 2900 W. 93rd. Avenue, Crown Point, Indiana 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 5-15-84	
HEALTH OFFICER—NAME 22a Paul Johnson			
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))		Interval between onset and death	
PART I (a) Cardio-pulmonary Arrest		1 day	
(b) C.V.A.		3 years	
(c) APR 26 1985			
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	

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