

A. _____
 B. _____
 C. _____
 D. _____
 E. _____
 F. _____
 G. _____
 H. _____
 I. _____
 J. _____
 K. _____
 L. _____
 M. _____
 N. _____
 O. _____
 P. _____
 Q. _____
 R. _____
 S. _____
 T. _____
 U. _____
 V. _____
 W. _____
 X. _____
 Y. _____
 Z. _____

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

Below for State Office Use

EMBALMER'S NAME: James M. Loye
 FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*
 LICENSE No. 2258
 FUNERAL HOME: _____
 LICENSE No. 427

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

800892

Local No. 2005-84

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

David Cohen
 P.O. Box 23
 De Motte, In.
 State 46310
 No. _____

DECEASED—NAME FIRST MIDDLE LAST Inell L. Busselberg		SEX Female	DATE OF DEATH (MONTH DAY YEAR) 10-17-1984
RACE—(a) White (b) Black (c) American Indian, etc. (Specify) White	AGE—Last Birthday 5a 60	UNDER 1 YEAR 5b MOS DAYS	UNDER 1 DAY 5c HOURS MINS
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point		HOSPITAL OR OTHER INSTITUTION—Name if not in other give street and number. 7c St Anthonys Hospital	IF HOSP OR INST Indicate DOA OP (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Maurice Busselberg
SOCIAL SECURITY NUMBER 13 307-20-3319	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b Own Home	
RESIDENCE—STATE 18a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hebron	
STREET AND NUMBER 15d 5808 E. 181st Avenue		IS RESIDENCE ON A FARM? 15e YES <input checked="" type="checkbox"/> NO <input 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 FIRST MIDDLE LAST 16 Floyd Duncan Sr.		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Stella Simpson	
INFORMANT—NAME (Type or print) 18a Maurice Busselberg	RELATIONSHIP Husband	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 5808 E. 181st Ave. Hebron, Indiana 46361	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b Orchard Grove Cemetery	LOCATION CITY OR TOWN STATE ZIP 19c Lowell, Indiana 46356	
DATE (MONTH DAY YEAR) 20a 10-20-1984	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 on the time, date and place and due to the cause(s) stated. 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day Yr) 21b 10/22/84	HOUR OF DEATH 21c 4:00 p.m.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Robert T. Woodburn M. D.			
MAILING ADDRESS—PHYSICIAN 21e 8127 Merrillville Road Merrillville, Indiana 46410			
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-25-84	
PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 23 <i>[Signature]</i>		Interval between onset and death	
(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	

1143

400