801397

Local No. 92-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1306

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME (First / Middle / Last)	Reid / Carlson	2. SEX	male	3. DATE OF DEATH (Month Day Year)	January 16, 1985
4. RACE	white	5a. AGE (Last Birthday)	68	5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)		6. DATE OF BIRTH		7a. COUNTY OF DEATH	Lake
7b. CITY, TOWN OR LOCATION OF DEATH	Merrillville	7c. HOSPITAL OR OTHER INSTITUTION	Methodist Hospital South Lake Campus	7d. IF HOSP OR INST Indicate DOA or Emer Rm Inpatient	Inpatient
8. STATE OF BIRTH	Illinois	9. CITIZEN OF WHAT COUNTRY	U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Widowed
11. SURVIVING SPOUSE	None	12. WAS DECEDENT EVER IN U S ARMED FORCES?	Yes		
13. SOCIAL SECURITY NUMBER	312-10-1668	14a. USUAL OCCUPATION	Steel Worker	14b. KIND OF BUSINESS OR INDUSTRY	J&L Steel Corp.

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a. RESIDENCE—STATE	Indiana	15b. COUNTY	Lake	15c. CITY, TOWN OR LOCATION	Cedar Lake
15d. STREET AND NUMBER	8123 Lake Shore Drive	15e. IS RESIDENCE ON A FARM?	YES ☐ NO ☒	15f. INSIDE CITY LIMITS (Specify Yes or No)	Yes

16a. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN ETC — YES ☐ NO ☒

PARENTS

16b. FATHER—NAME (First / Middle / Last)	William Carlson	17. MOTHER—MAIDEN NAME (First / Middle / Last)	Helen Reid

DISPOSITION

18a. INFORMANT—NAME (Type or print) / RELATIONSHIP	Susan Antonovitz (Daughter)	18b. MAILING ADDRESS (Street or R F D No / City or Town / State / Zip)	726 Wittchen Drive Schererville, Indiana 46375
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Donated to State Anatomical Bd.	19b. CEMETERY OR CREMATORY—FUNERAL HOME	Indiana Anatomical Board
19c. LOCATION (City or Town / State)	Indianapolis Indiana	20a. DATE (Month Day Year)	Jan 16, 1985
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R F D No / City or Town / State / Zip)	Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana 46		

M.D. OR D.O.

21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated — (Signature) K. P. Sarma — 21b. DATE SIGNED (Mo. Day Yr) — 21c. HOUR OF DEATH 2.15 A M

21d. NAME OF ATTENDING PHYSICIAN (Type or Print) K. P. SARMA

21e. MAILING ADDRESS—PHYSICIAN 8701 BROADWAY, MERRILLVILLE

22a. HEALTH OFFICER - SIGNATURE Earl B. Johnson M.D.

22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 1-16-85

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)

		Interval between onset and death
23. IMMEDIATE CAUSE (a)	Pulmonary edema	2 days
DUE TO OR AS A CONSEQUENCE OF (b)	Metastatic Carcinoma Brain (Melanoma	8 Months
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. AUTOPSY (Specify Yes or No)

SBH 06-003 State Form 35430
REV. 10/77

APR 30 1985

LAKE COUNTY HEALTH COMMISSIONER

RECORDED

EMBALMER'S NAME Edgar C. Klein JAN 16 1985 LICENSE No. 1747

FUNERAL DIRECTOR'S SIGNATURE [illegible] FUNERAL DIRECTOR'S LICENSE No. 94

FUNERAL HOME Merrillville, Ind. 46410 No. 26

UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

DEATH REGISTERED IN LAKE COUNTY

HEALTH DEPT.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY

Notes: Lodge Cornd # 3 #1 24 1/28-8 Phillips Funeral Home #11-1325-4