

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

809537

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

62

Local No. \_\_\_\_\_

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
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- 12 \_\_\_\_\_

THIS CERTIFIES THAT ABOVE IS TRUE AND COMPLETE AS FAR AS THE DEATH OCCURRED IN THE HEALTH DEPT.

# 27-160-6  
 JUN 28 1985

FUNERAL HOME  
 No. 750  
 FUNERAL DIRECTOR'S LICENSE No. 1536  
 EMBALMER'S NAME: Edgar Gleim  
 FUNERAL DIRECTOR'S SIGNATURE: \_\_\_\_\_  
 LICENSE No. 1617

DECEASED  
 COUNTY OF LAKE  
 M.D. OR D.O.  
 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  
 CAUSE

1 DECEASED NAME FIRST MIDDLE LAST DONALD BENANTE		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) JUNE 27, 1985
2 RACE White	AGE - Last Birthday (Yrs) 72	3 UNDER 1 YEAR MIN. HOURS MIN.	4 UNDER 1 DAY HOURS MIN.
5 DATE OF BIRTH (Mo. Day Yr) JUNE 12, 1913		6 COUNTY OF DEATH LAKE	
7a CITY, TOWN OR LOCATION OF DEATH MUNSTER		7b HOSPITAL OR OTHER INSTITUTION THE COMMUNITY HOSPITAL	7c IF HOSP OR INST. Indicate DOA OP Emer. Rm. Inpatient (Specify) INPATIENT
8 CITY OF BIRTH (If not in U.S.A. name country) Indiana	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Margie A. Boller
12 SOCIAL SECURITY NUMBER 306-03-2872		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Foreman	
14a KIND OF BUSINESS OR INDUSTRY Steel Co.		14b	
15a RESIDENCE - STATE INDIANA	15b COUNTY LAKE	15c CITY, TOWN OR LOCATION HIGHLAND	
15d STREET AND NUMBER 8837 CAROLINA STREET		15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17 FATHER - NAME FIRST MIDDLE LAST Samuel Benante		18 MOTHER - MAIDEN NAME FIRST MIDDLE LAST Mary Dorgon	
19a INFORMANT - NAME (Type or print) RELATIONSHIP Margie A. Benante Wife		19b MAILING ADDRESS (Street or R.F.D. No. City or Town State ZIP) 8837 Carolina Highland, Indiana	
20a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		20b CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE Calumet Park Cemetery Merrillville, Indiana	
21a DATE (MONTH DAY YEAR) June 29, 1985		21b FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP) KUIPER FUNERAL HOME 9039 Kleinman Rd. Highland, Ind.	
22a To the best of my knowledge death occurred at the time, date and place and due causes stated <i>Lowell Steen</i>		22b DATE SIGNED (Mo. Day Yr) JUN 28 1985	
23a NAME OF ATTENDING PHYSICIAN (Type or Print) LOWELL STEEN, M.D.		23b HOUR OF DEATH 1:30 PM	
24a MAILING ADDRESS - PHYSICIAN 2450 - 169th STREET HAMMOND, INDIANA 46323		24b STATE OF INDIANA LAKE COUNTY RECORD	
25a HEALTH OFFICER - SIGNATURE <i>Edgar Gleim</i>		25b DATE RECEIVED BY LOCAL HEALTH OFFICER JUN 28 1985	
26 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (a) <i>Carcinoma of the bile ducts - hepatic metastases</i>		Interval between onset and death <i>2 wks</i>	
(b) DUE TO OR AS A CONSEQUENCE OF <i>ducts - hepatic metastases</i>		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
27 PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not listed in cause given in PART I <i>Hypertension Mellitus</i>		28 AUTOPSY (Specify Yes or No) No	

*How much dependent*