

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 *Plat B 2/27/85*
K *Plat B 2/27/85*
L *Plat B 2/27/85*
1 *Plat B 2/27/85*
2 *Plat B 2/27/85*
3 *Plat B 2/27/85*
4 *Plat B 2/27/85*
5 *Plat B 2/27/85*
6 *Plat B 2/27/85*
7 *Plat B 2/27/85*
8 *Plat B 2/27/85*
9 *Plat B 2/27/85*
10 *Plat B 2/27/85*
11 *Plat B 2/27/85*
12 *Plat B 2/27/85*

EMBALMER'S NAME *William E. Burdan* LICENSE No. *769*

FUNERAL DIRECTOR'S SIGNATURE *William E. Burdan* LICENSE No. *969*

FUNERAL HOME No. *246*

809961

Local No. *383-85*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Donald O'Neil
P.O. Box 128
Lowell In 3

State No. _____

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 WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 Arnold Segert		SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) Feb. 24, 1985
RACE—1a White	AGE—Last Birthday 5a 70	UNDER 1 YEAR 5b UNDER 1 DAY 5c	DATE OF BIRTH (MO DAY YR) May 10, 1914
CITY, TOWN OR LOCATION OF DEATH 7a Cedar Lake		HOSPITAL OR OTHER INSTITUTION—Name if not in earlier give street and number 7c 11308 West 109th Avenue	
STATE OF BIRTH (If not in U.S.A. give country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Marie Dorothy Reichert
SOCIAL SECURITY NUMBER 13 306-03-6681		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Farmer	KIND OF BUSINESS OR INDUSTRY 14b Self-employed
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Cedar Lake	RESIDENCE (If not in earlier give street and number) 15d 11308 West 109th Avenue
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 18 Fred Segert		MOTHER—MAIDEN NAME 17 Christina Schoenbeck	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Marie Segert Wife		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 11308 West 109th Avenue, Cedar Lake, Indiana 46303	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Zion Church of Christ Cem.	LOCATION (CITY OR TOWN STATE) 19c Dyer, Indiana
DATE (MONTH DAY YEAR) 20a February 26, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Burdan Funeral Home, Inc., 12901 Wicker Ave, IN 46303	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature of) <i>Mary D. Carroll, M.D.</i>		DATE SIGNED (MO DAY YR) 21b 2-25-85	HOUR OF DEATH 21c
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a MARY D. CARROLL, M.D.		MAILING ADDRESS—PHYSICIAN 21b 124 N. MAIN CROWN POINT IN 46307	
HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-25-85	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) <i>Metastatic Carcinoma - Anaplastic - of Thyroid 6 mos.</i> (b) <i>Anaplastic carcinoma of thyroid</i>		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF (c) <i>Heart Disease</i>		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II <i>Heart Disease</i>		AUTOPSY (Specify Yes or No) 24	

400