



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

3vet + 7ccs

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

Local No. 595-85

TYPE  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED - NAME 1 LEONARD W. RENN		SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 March 26, 1985
RACE - (See 1.0) (White, Black, American Indian, etc.) 4 White	AGE - Last Birthday (Year) 5a 69	UNDER 1 YEAR 5b MONTHS	UNDER 1 DAY 5c HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point	HOSPITAL OR OTHER INSTITUTION (Name, if not in other, give street and number) 7c St. Anthony Medical Center	DATE OF BIRTH (Mo. Day Year) 6 6/08/1915	COUNTY OF DEATH 7d Lake
STATE OF BIRTH (If not in U.S.A. give country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If in U.S.A. give maiden name) 11 Ann Martin
SOCIAL SECURITY NUMBER 13 356-05-7326	USUAL OCCUPATION (Give kind of work done during most of life) 14a Retired Steelworker	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Sheet & Tin	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point	
STREET AND NUMBER 15d 123 Nichols 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 AMERICAN CUBAN PUERTO RICAN ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME (FIRST MIDDLE LAST) 16 Edgar Renn		MOTHER MAIDEN NAME (FIRST MIDDLE LAST) 17 Leona Austin	
INFORMANT - NAME (Type or print) RELATIONSHIP 18 Mrs. Ann Renn - Wife	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 123 Nichols Street Crown Point, Indiana 46307		
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery	LOCATION (CITY OR TOWN STATE) 19c Merrillville, Indiana	
DATE (MONTH DAY YEAR) 20a March 28, 1985	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b GEISEN FUNERAL HOME INC. 109 N. East St. Crown Point, In46307		
To the best of my knowledge, death occurred at the time, date and place and as in the following stated 21a (Signature) X		DATE SIGNED (Mo. Day Year) 21b 3-26-85	HOUR OF DEATH 21c 2:10 A.
NAME OF ATTENDING PHYSICIAN (Type or print) 21d JACK ZIEGLER M.D.			
MAILING ADDRESS - PHYSICIAN 21e 7893 Broadway Merrillville, Indiana 46410			
HEALTH OFFICER - SIGNATURE 22a <i>Paul Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-26-85
CONDITIONS IF ANY WHEN GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) <i>cardiopulmonary arrest</i>		Interval between onset and death <i>minutes</i>	
(b) <i>cardiogenic shock</i>		Interval between onset and death <i>days</i>	
(c) <i>atherosclerotic heart disease</i>		Interval between onset and death <i>years</i>	
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

DECEASED

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

PARENTS

DISPOSITION

D. O. O.  
LAKE COUNTY HEALTH COMMISSIONER

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

CAUSE

FUNERAL HOME  
No. 125

FUNERAL DIRECTOR'S  
LICENSE No. 398

MAR 26 1985  
FUNERAL DIRECTOR'S  
SIGNATURE: *Marty D. Andersen*

LICENSE No. #520

EMBALMER'S NAME: MARTY ANDERSEN DEPT.

Below for State Office Use

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THIS CERTIFICATE IS VALID ONLY IF FILED WITH THE LAKE COUNTY CLERK'S OFFICE IN THE CITY OF MERRILLVILLE, INDIANA.

9-44-13  
Nichols Road  
Sat 10

FILED

JUL 22 1985

*Paul Johnson*  
LAKE COUNTY

1070