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PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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JUL 29 1985
THIS COPY FILED IN HEALTH DEPT. COMPLETE COPY TO BE FILED IN COUNTY HEALTH DEPT.

EMBALMER'S NAME Edward F. Mullaney

FUNERAL DIRECTOR'S SIGNATURE Edward F. Mullaney

FUNERAL DIRECTOR'S LICENSE No. 1791

FUNERAL HOME No. 150

815612

Local No. 1418-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

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

CAUSE

DECEASED - NAME 1 Ralph Beck		SEX 2 Male		DATE OF DEATH (MONTH DAY YEAR) 3 July 27, 1985	
RACE - (Specify White, Black, American Indian, etc.) 4 White		AGE - Last Birthday 5a 82		COUNTY OF DEATH 7a Lake	
CITY, TOWN OR LOCATION OF DEATH 7b Dyer		HOSPITAL OR OTHER INSTITUTION (Name if not in state, give street and number) 7c Our Lady Of Mercy Hosp.		IF HOSP OR INST (Specify DOA, OP, Home, Hosp, Institution, etc.) 7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) 8 Indiana		CITIZEN OF WHAT COUNTRY 9 U. S. A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 10 Married	
SOCIAL SECURITY NUMBER 13 310-03-8306		USUAL OCCUPATION (Give kind of work done during most of working life, even if past) 14a Carpenter		KIND OF BUSINESS OR INDUSTRY 14b J. M. Foster Contractor	
RESIDENCE - STATE 15a Indiana		COUNTY 15b Lake		CITY, TOWN OR LOCATION 15c Dyer	
STREET AND NUMBER 15d 1340-213th St.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSURE CITY LIMITS (Specify Yes or No) 15f Yes	
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 16 Joseph Beck		MOTHER - MAIDEN NAME 17 Nina Kitchen			
INFORMANT - NAME (Type or print) 18a Edna Beck (Wife)		RELATIONSHIP 18b (Wife)		MAILING ADDRESS (Street, P.O. Box, City or Town, State, Zip) 18c 1340-213th St. Dyer, Indiana 46311	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn Mem. Gardens		LOCATION CITY OR TOWN STATE 19c Schererville, Indian	
DATE (MONTH DAY YEAR) 20a July 30, 1985		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 20b Fagen-Miller Funeral Gardens Inc. 1920 Hart St Dyer, In. 46311			
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo. Day Yr.) 21b 7/29/85		HOUR OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d William G. Cataldi, D.O.		MAILING ADDRESS - PHYSICIAN 21e			
HEALTH OFFICER - SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 7-29-85			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR USE IN PART I (a)) 23 (a) Cardiopulmonary Arrest		FILED AUG 14 1985 <i>[Signature]</i> AUDITOR LAKE COUNTY		Interval between onset and death	
(b) Cardiac Arrythmia				Interval between onset and death	
(c) Arteriosclerotic Vascular Disease				Interval between onset and death	
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) 24	

770

[Handwritten initials]