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DECEASED
MUNSTER
INDIANA
MAY 31 1985

LICENSE No. 1617

Edgar C. Gleim

FUNERAL DIRECTOR'S SIGNATURE

823535

Local No. 1043-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

427

DECEASED—NAME FIRST MIDDLE LAST Evelyn J. McFarland			SEX Female	DATE OF DEATH (MONTH DAY YEAR) 5/28/85	
RACE—(See White, Black, American Indian, etc.) Caucasian	AGE—(Last birthday) 5a 78	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo Day Yr) 9/15/07	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Munster		HOSPITAL OR OTHER INSTITUTION—(Name, if not in other give street and number) 7c Community Hospital		IF HOSP OR INST. Indicate DOA or (Enter Rm. Inpatient) (Specify) 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 (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Hiram McFarland		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 310-50-3547		USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) 14a Homemaker		KIND OF BUSINESS OR INDUSTRY 14b Domestic	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Griffith			
STREET AND NUMBER 15d 342 South Park Avenue			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 MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST 16 Mc Ilwain		MOTHER—MAIDEN NAME FIRST 17 Unavailable			
INFORMANT—NAME (Type or print) 18a Hiram McFarland (spouse)		RELATIONSHIP	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 342 South Park Drive Griffith, Indiana 46319		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park Cemetery	LOCATION 19c Merrillville, Indiana		
DATE (MONTH DAY YEAR) 20a 5/31/85		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana			
To the best of my knowledge, death occurred at the time, date and place given in the enclosed listed 21a (Signature) <i>Charles D. S...</i>			DATE SIGNED (Mo Day Yr) 30 May 85	HOUR OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d					
MAILING ADDRESS—PHYSICIAN 21e					
HEALTH OFFICER—SIGNATURE 22a <i>Paul J. ...</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 5-31-85		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST					
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (a) Acute myocardial infarction DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		
(b) Coronary artery disease DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		
(c)			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a)) Acute coronary artery thrombosis				AUTOPSY (Specify Yes or No) 24	

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