

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

Below for State Office Use

1
2
3
4
5
6
7
8
9
10
11
12

THIS CERTIFIES THAT ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF
DEATH ON FILE WITH THE LAKE COUNTY
HEALTH DEPT.

15-24-89

EMBALMER'S NAME Keith Dillon

FUNERAL DIRECTOR'S SIGNATURE *Robert Johnson*

FUNERAL HOME LICENSE No. 200369 CI 1.8 1985 300776

LAKE COUNTY HEALTH COMMISSIONER POSITION

USUAL RESIDENCE WHEN DECEASED OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

DECEASED

DECEASED

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

Local No. 1833-85

bcc

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

824899

Judith Kiraly 1315 W Cleveland Ave
Hobart 46342 IN
State No.

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		ELIZABETH	E.	HOEKSTRA	Female	September 25, 1985	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)	AGE—Last birthday (Year)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Yr.)	COUNTY OF DEATH
4 White	6a 72	5a	5b	5c	5d	6 Feb. 14, 1913	7a Lake
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name, street and number)		IF HOSP OR INST (Specify DOA) (e.g. Hosp. Am. Inpatient) (Specify)	
7b Merrillville				7c Merrillville Convalescent Center		7d Inpatient	
STATE OF BIRTH (Not on U.S.A. name register)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Wisconsin	9 U.S.A.	10 Married		11 James Hoekstra		12 No	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 303-24-5803				14a Housewife		14b At Home	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION					
15a Indiana	15b Lake	15c Merrillville					
STREET AND NUMBER					IS RESIDENCE ON A FARM?	INSIDE CITY LIMITS (Specify Yes or No)	
15d 6190 Georgia Street					15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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	MOTHER—MAIDEN NAME	
18 Edward					Guse	17 Catherine	
INFORMANT—NAME (Type or print)		RELATIONSHIP	MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN	STATE
18a James Hoekstra		- Husband	18b 6190 Georgia Street			Merrillville, Indiana	46410
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION	CITY OR TOWN	STATE
19a Burial			19b Calumet Park Cemetery		19c	Merrillville, Indiana	
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)				
20a September 28, 1985			20b Geisen Funeral Home, Inc. 7905 Broadway, Merrillville, In. 46410				
To the best of my knowledge, death occurred at the time and place and due to the cause(s) stated					DATE SIGNED (Mo. Day Yr.)	HOUR OF DEATH	
21a (Signature) <i>Jacob Pruitt</i>					21b September 26, 1985	21c 11:40 A.M.	
NAME OF ATTENDING PHYSICIAN (Type or print)							
21d Jacob Pruitt M.D.							
MAILING ADDRESS—PHYSICIAN							
21e 7895 Broadway Merrillville, Indiana 46410							
HEALTH OFFICER—SIGNATURE <i>Paul Johnson</i>						DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a						22b 7-27-85	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))							
RENAL FAILURE							
OR AS A CONSEQUENCE OF							
OR AS A CONSEQUENCE OF							
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART (a)							
CONGESTIVE HEART FAILURE							
24 AUTOPSY (Specify Yes or No)							
24 No							

400