

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

Below for State Office Use

KEY 3-24-1

A N 2 NW

S 30 T 32 R 8

C KEY 3-39-2

N 2 NE

S 29 T 32 R 9

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF
DEATH ON FILE WITH THE
STATE DEPARTMENT OF HEALTH

EMBALMER'S NAME James M. Love

FUNERAL DIRECTOR'S
SIGNATURE

FUNERAL DIRECTOR'S
LICENSE No. 2258

FUNERAL HOME
No. 427

DECEASED
OCT 18 1984

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

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

CAUSE

825029

Local No. 1743-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Paul R. Chaeff
164 N. Main St.
Crown Pt. 46307
State No.

961

DECEASED - NAME 1 Mable C. Klukas		SEX Female		DATE OF DEATH - MONTH DAY YEAR 9-10-1985	
RACE - 100 White (See Special Instructions on 1-1-1979) White	AGE - 101 Years Months Days 90	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH - MONTH DAY YEAR 12-30-1894	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point		HOSPITAL OR OTHER INSTITUTION 7c St. Anthonys Skill Care Center		IF HOSP OR INST Indorse DDA (See Instructions on 1-1-1979)	
STATE OF BIRTH - 102 Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Widowed	SURVIVING SPOUSE - 11		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
SOCIAL SECURITY NUMBER 317-48-88-07		USUAL OCCUPATION - 14a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b Own Home		
RESIDENCE - STATE 16a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point		IS RESIDENT ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15a 1200 East Luther Drive		INSIDE CITY LIMITS (Specify Yes or No) 181 Yes		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 19 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER - NAME FIRST MIDDLE LAST George Ebert		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Margaret Bowers		STATE OF BIRTH ILLINOIS	
INFORMANT - NAME (Type on front) 8a Jr. Klukas		RELATIONSHIP 8b Klukas		MAILING ADDRESS - STREET OR R.F.D. NO. CITY OR TOWN STATE 18b 2208 Brookwood Court Joliet, Illinois 60490	
DISPOSITION 9a Burial		CEMETERY OR CRIMATORY - FUNERAL HOME 19b Lowell Memorial Cemetery		LOCATION - CITY OR TOWN STATE 19c Lowell, Indiana IN	
DATE - MONTH DAY YEAR 9-13-1985		FUNERAL HOME - NAME AND ADDRESS 20a Sheets-Love Funeral Home 604 E. Commercial		CITY OR TOWN STATE Lowell, IN 46356	
NAME OF ATTENDING PHYSICIAN (Type on front) 21a Peter Gutierrez M.D.		DATE SIGNED - MONTH DAY YEAR 21b 9-13-85		HOUR OF DEATH 21c 3:45 p.m.	
MAILING ADDRESS - PHYSICIAN 21a 12110 Grant Street Crown Point, Indiana 46307		HEALTH OFFICER - SIGNATURE 22a Paul R. Chaeff		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 9-17-85	
PART I (a) Immediate Cause (b) Underlying Cause (c) Other Contributing Cause		PART II OTHER SIGNIFICANT CAUSES OF DEATH (Specify on back of this certificate if not listed in codes given in PART I)		Interval between onset and death 5 minutes Interval between onset and death 16 hours Interval between onset and death 40 years	

SBH 06-003 State Form 35430
REV. 10/77

Paul R. Chaeff
AUDITOR LAKE COUNTY

4/00