

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

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
H \_\_\_\_\_  
I \_\_\_\_\_  
J \_\_\_\_\_  
K \_\_\_\_\_  
L \_\_\_\_\_  
M \_\_\_\_\_  
N \_\_\_\_\_  
O \_\_\_\_\_  
P \_\_\_\_\_  
Q \_\_\_\_\_  
R \_\_\_\_\_  
S \_\_\_\_\_  
T \_\_\_\_\_  
U \_\_\_\_\_  
V \_\_\_\_\_  
W \_\_\_\_\_  
X \_\_\_\_\_  
Y \_\_\_\_\_  
Z \_\_\_\_\_

Key # 27-33-9 ff w2 w2-62 DE (580 X 75 ft) 100  
8-22-7-36-8-9 100  
FILED  
OCT 21 1985

EMERLYN'S NAME  
AUDITOR LAKE COUNTY  
FUNERAL DIRECTOR'S  
SIGNATURE

EMERLYN'S NAME  
FUNERAL DIRECTOR'S  
SIGNATURE

FUNERAL HOME  
No. 750

LICENSE No. 108

Ronald A. Reed

Local No. 825151 1816-85

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_ 1017

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. <b>Norbert W. Taylor</b>		SEX 2. <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3. <b>July 11, 1985</b>
RACE—10 (White, Black, American Indian, etc.) (Specify) 4. <b>White</b>	AGE—Last Birthday (Yr, M, D) 5a. <b>61</b>	UNDER 1 YEAR 5b. <b>MOS</b>	UNDER 1 DAY 5c. <b>HOURS</b>
CITY, TOWN OR LOCATION OF DEATH 7b. <b>Munster</b>		HOSPITAL OR OTHER INSTITUTION (Name if not on other page street and number) 7c. <b>The Community Hospital</b>	IF HOSP OR INST Indicate DOA, DP, Emer, Rm, Institution (Specify) 7d. <b>Inpatient</b>
STATE OF BIRTH (If not in U.S.A. Name country) 8. <b>Indiana</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) 11. <b>Margaret Troksa</b>
SOCIAL SECURITY NUMBER 13. <b>314-14-4073</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. <b>Truck Driver</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Steel Co.</b>
RESIDENCE—STATE 15a. <b>Indiana</b>	COUNTY 15b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>Highland</b>	IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. <b>3817 Highway</b>		INSIDE CITY LIMITS (Specify YES or NO) 15f. <b>Yes</b>	
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. <b>Thomas Taylor</b>		MOTHER—MAIDEN NAME 17. <b>Unavailable</b>	
INFORMANT—NAME (Type or print) 18a. <b>Margaret Taylor</b>		RELATIONSHIP 18b. <b>Wife</b>	MARRIAGE ADDRESS 18c. <b>3817 Highway Highland, Indiana 46322</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>Calumet Park</b>	LOCATION 19c. <b>Merrillville, Indiana</b>
DATE (MONTH DAY YEAR) 20a. <b>July 15, 1985</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP) 20b. <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) <b>Thomas A. Brubaker M.D.</b>		DATE SIGNED (Mo, Day, Yr.) 21b. <b>July 12<sup>th</sup> 1985</b>	HOUR OF DEATH 21c. <b>12:23 P.M.</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. <b>Thomas A. Brubaker M.D.</b>		MAILING ADDRESS—PHYSICIAN 21e. <b>110 Ridge Road Munster IN 46321</b>	
HEALTH OFFICER—SIGNATURE 22a. <b>[Signature]</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>7-12-85</b>	
PART I (a) <b>Cardiac arrest</b>		Interval between onset and death <b>minutes</b>	
(b) <b>Arteriosclerotic heart disease</b>		Interval between onset and death <b>years</b>	
(c) _____		Interval between onset and death _____	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions participating in death but not related to cause given in PART I (a) <b>Diabetes mellitus</b>		AUTOPSY (Specify Y or N) 24. <b>N</b>	

2/00