

836367

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the Death record for the person named therein and that this record was established and filed in my office in accordance with the provisions for the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATED JAN 1983 SIGNED Maureen Johnson LOCAL REGISTRAR
AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health at Springfield. County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that the certifications of a death record by the Dept. of Public Health or the Local Registrar or the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

Ridgeway Add.
Box 1 Bl 2
81-651-22 Ky

REGISTRATION DISTRICT NO <u>Harvey</u>	STATE OF ILLINOIS	40321	STATE FILE NUMBER <u>40821</u>
REGISTERED NUMBER <u>5</u>	MEDICAL CERTIFICATE OF DEATH		
DECEASED NAME FIRST MIDDLE LAST <u>John H Vander Meyden</u>		SEX <u>Male</u>	DATE OF DEATH MONTH DAY YEAR <u>3 January 2, 1983</u>
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <u>4a Caucasian</u>	ORIGIN OR DESCENT (SPECIFY) <u>4b American</u>	AGE - LAST BIRTHDAY (YEAR) <u>5a 81</u>	COUNTY OF DEATH <u>7a Cook</u>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>7b Harvey</u>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <u>7c Ingalls Memorial Hospital</u>	DATE OF BIRTH (MO DAY YEAR) <u>July 10, 1901</u>	IF DEATH OCCURRED IN HOSPITAL OR OTHER INSTITUTION, INDICATE (SPECIFY) <u>7d Inpatient</u>
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) <u>8 Michigan</u>	CITIZEN OF WHAT COUNTRY <u>9 U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>10 Married</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <u>11 Helen (Monsma) Vander Meyden</u>
SOCIAL SECURITY NUMBER <u>12 344-07-2613</u>	USUAL OCCUPATION <u>13a Salesman</u>	KIND OF BUSINESS OR INDUSTRY <u>13b Corporation</u>	WAR VETERAN (YES/NO) <u>13c NO</u>
RESIDENCE STREET AND NUMBER <u>14a 8829 Parrish Avenue</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NO <u>14b Highland</u>	INSIDE CITY (YES/NO) <u>14c Yes</u>	WAR OR DATES OF SERVICE <u>13d Not Applicable</u>
FATHER - NAME FIRST MIDDLE LAST <u>15 Cornelius Vander Meyden</u>	MOTHER - MAIDEN NAME FIRST MIDDLE LAST <u>16 Henrietta Vander Giessen</u>	COUNTY <u>14d Lake</u>	STATE <u>14e Indiana</u>
INFORMANT'S SIGNATURE <u>17a Helen Vander Meyden</u>	RELATIONSHIP <u>17b Spouse</u>	MAILING ADDRESS (STREET AND NO OR R.F.D.) <u>17c 8829 Parrish Avenue</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NO <u>Harvey</u>
18 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I. IMMEDIATE CAUSE			
(a) <u>Respiratory Failure</u> DUE TO, OR AS A CONSEQUENCE OF			
(b) <u>D.S.C.U.D. & CORON. PROC. INSUR.</u> DUE TO, OR AS A CONSEQUENCE OF			
(c) <u>HEART ATTD</u>			
PART II. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
<u>Diabetes Mellitus</u>			
DATE OF OPERATION, IF ANY <u>20a</u>	MAJOR FINDINGS OF OPERATION <u>20b</u>	AUTOPSY (YES/NO) <u>19a NO</u>	IF YES, STATE REASON FOR DETERMINING CAUSE OF DEATH <u>19b</u>
I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) <u>21a 12/17/82</u>	TO (MONTH, DAY, YEAR) <u>21b 1/2/83</u>	AND LAST SAW HIM (MONTH, DAY, YEAR) <u>1/1/83</u>	HOUR OF DEATH <u>21d 7:45 a.m.</u>
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME (DATE AND PLACE AND DUE TO THE CAUSE(S) STATE(S) ABOVE			DATE SIGNED (MONTH, DAY, YEAR) <u>22b 1/3/83</u>
22a SIGNATURE <u>Maureen Johnson</u>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>22c 73 West 156th Street, Harvey, Ill. 60426</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <u>22c</u>		ILLINOIS LICENSE NUMBER <u>22d 36-3564</u>	
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED			
METHOD OF CREMATION, REMOVAL (SPECIFY) <u>24a Burial</u>	CEMETERY OR CREMATORY - NAME <u>24b Hope Cemetery</u>	LOCATION <u>24c Highland, Indiana</u>	DATE (MONTH, DAY, YEAR) <u>24d 1/5/83</u>
FUNERAL HOME NAME <u>25a Devoung & Vroegh Funeral Home</u>		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE <u>649 E. 152nd. Street South Holland, Ill 60473</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>25b</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>25c 6226</u>	
LOCAL REGISTRAR'S SIGNATURE <u>26a</u>		DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>26b 1/3/83</u>	

LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE IN 46540

348

RECORDED
JAN 11 9 25 AM '83
CLAY COUNTY INDIANA

[Handwritten signature]