

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

Below for State Office Use

W 1/2 of 18 & 19, Johnson's Add to Ranburn Woods, PB 28-19
15 Key
3/2 4-11-19
THIS IS A COPY OF THE ORIGINAL COPY OF THE COUNTY HEALTH DEPT.
ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Disposition Permit Issued / /
Provisional Certificate
 Yes No

FUNERAL HOME No. 781
FUNERAL DIRECTOR'S LICENSE No. 2124
EMBALMER'S NAME Anthony S. Kerding Jr. LICENSE No. 1040
FUNERAL DIRECTOR'S SIGNATURE *Anthony S. Kerding Jr.*

836468 Tower Fedl SALA, Merr
2-4403
Local No. 589-80

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

C416335-6LD 43480cp
State No. _____

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.
CAUSE

DECEASED--NAME 1. Margaret Louise Shaffer		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) April 22, 1980
RACE--(e.g. White, Black, American Indian, etc.) (Specify) 4 Cau	AGE--Last Birthday (Year) 6a 66	USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) 14a Housewife	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Dyer		HOSPITAL OR OTHER INSTITUTION--Name (if not in other give street and number) 7c Our Lady of Mercy Hospital	
STATE OF BIRTH (if not in U.S.A. name country) 8 Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Allen Shaffer
SOCIAL SECURITY NUMBER 13 313-07-2627	KIND OF BUSINESS OR INDUSTRY 14b		IF HOSP OR INST. Indicate DOA, OP, I, or M for Inpatient, Outpatient, or Mortuary (Specify) 7d DOA
RESIDENCE--STATE 15a Ind.	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Calumet Township	IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 3033 W. 41st Ave. Gary, Indiana 46408		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER--NAME FIRST MIDDLE LAST 16 Harry Mooney		MOTHER--MAIDEN NAME FIRST LAST 17 Lula	
INFORMANT--NAME (Type or print) 18a Allen Shaffer		MAILING ADDRESS (Street or R.F.D. No.) CITY OR TOWN STATE ZIP 18b 3033 W. 41st Ave. Gary, Indiana 46408	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY 19b Midgelawn Cemetery	LOCATION CITY OR TOWN STATE 19c Gary, Indiana
DATE (MONTH DAY YEAR) 20a April 25, 1980		FUNERAL HOME--NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP) 20b Rendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46108	
To the best of my knowledge, death occurred at the time, date and place and due to the (Cause) stated. 21a <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b 4/23/80	HOUR OF DEATH 21c 7 A M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d LESTER J. DARAS		MAILING ADDRESS--PHYSICIAN 21e 1573 N. CYPRESS AVE GRIFRITH INDIANA 46319	
HEALTH OFFICER--SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 4-25-80	
PART I (a) CEREBRAL ANOXIA		Interval between onset and death MINUTES	
(b) MYOCARDIAL ARREST		MINUTES	
(c) MYOCARDIAL INFARCTION		MINUTES	
PART II OTHER IMPORTANT CONDITIONS. Conditions contributing to death but not related to cause given in PART I (a) CONGESTIVE HEART FAILURE		AUTOPSY (Specify Yes or No) NO	

STATE OF INDIANA
LAKE COUNTY HEALTH DEPT.
RECORDED
JAN 11 9 13 PM '80
FILED

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