

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

845781

Local No. 1551-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Hodge, David
Compton, David
5525 Broadway
State
No. 1610

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - MONTH DAY YEAR
1 JACK				PREUSS	2 Male	3 August 13, 1985
RACE - (e.g. White, Black, American Indian, etc.)	AGE - Last Birthday	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH - (Mo. Day Year)	COUNTY OF DEATH
4 White	5a 38	5b	5c	5d	6 Feb. 24, 1947	7a Lake
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION		IF HOSP OR INST. (Specify Yes or No)	
7b Merrillville			7c 64 Indian Trail		7d	
STATE OF BIRTH	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES?	
8 Indiana	9 U.S.A.	10 Married	11 Kathryn Schafer		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (If no kind of work done during most of working life, state it)		KIND OF BUSINESS OR INDUSTRY		STATE OF DEATH
13 306-54-8236		14a Machinist		14b E.J. & F. Railroad		15
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		
15a Indiana	15b Lake	15c Merrillville		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER				IS RESIDENCE ON A FARM?		
15d 64 Indian Trail				15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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			MOTHER - MAIDEN NAME		PARENTS	
16 Jack E. Preuss			17 Mary Jane Broker			
INFORMANT - NAME (If you or your)		RELATIONSHIP	MAILING ADDRESS			
18 Kathryn Preuss - Wife			18b 64 Indian Trail Merrillville, Indiana 46410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION		
19a Burial		19b Calumet Park Cemetery		19c Merrillville, Indiana		
DATE (MONTH DAY YEAR)		FUNERAL HOME - NAME AND ADDRESS		CITY OR TOWN STATE ZIP		
20a August 15, 1985		20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, In.		46410		
To the best of my knowledge, death occurred at the place and date given and due to the cause stated				DATE SIGNED (Mo. Day Year)		HOUR OF DEATH
21a <input checked="" type="checkbox"/> X				21b August 13, 1985		21c 12:17 A.M.
NAME OF ATTENDING PHYSICIAN (If you or your)				M.D. OR D.O.		
21d B.H. Barai MD						
MAILING ADDRESS - PHYSICIAN				DATE RECEIVED BY LOCAL HEALTH OFFICER		
21e 521 E. 86th Avenue Merrillville, Indiana 46410				22b 8-16-85		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST						
PART I		23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a) OR (b) OR (c))				Interval between onset and death
(a) X		Carcinoma of kidney with metastases				8 Months
(b)		DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
(c)		DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)						AUTOPSY (Specify Yes or No)
24						No

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

This certifies the above is a true and correct copy of the certificate of death as filed with the Lake County Health Dept. # AUG 16 1985

EMBALMER'S NAME Ronald J. Mesarch
 FUNERAL DIRECTOR'S SIGNATURE *David Johnson*
 LICENSE No. 200367
 FUNERAL DIRECTOR'S LICENSE No. 200367
 COUNTY LAKE

FILED
 MAR 18 1986
 REC'D

H/O
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