

FILLED an official copy of the record of death on file of the Porter County Health Department.

MAR 24 1986

Gary A. Babcock, MD

Gary A. Babcock, M.D.

John A. Evans

AUDITOR LAKE COUNTY

LICENSE No. 1207

EMBALMER'S NAME John A. Evans

FUNERAL DIRECTOR'S LICENSE No. 2282

FUNERAL DIRECTOR'S SIGNATURE *John A. Evans*

FUNERAL HOME No. 87

846327

PORTER COUNTY BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

1022

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK		DECEASED—NAME 1. WALTER H. SCHMIDT		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) March 6, 1986
RACE—Is <u>White</u> , Black, American Indian, etc. (Specify)		AGE—Last Birthday (Mo.) 3. 75	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (Mo., Day, Yr.) 4. 11-22-10
CITY, TOWN OR LOCATION OF DEATH 7b. Pine Township		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c. 3860 West Dunes Hwy.		IF HOSP. OR INST. Indicate DOA, CP, Trans. Plan, Independent (Specify) 7d. -	
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Divorced	SURVIVING SPOUSE (If wife, give maiden name) 11. None
SOCIAL SECURITY NUMBER 12. 337-09-5928		USUAL OCCUPATION (Give kind of work done during most of last 12 mos. or 2 mos. if less) 14a. Assembly Worker		KIND OF BUSINESS OR INDUSTRY 14b. Manufacturing Co.	
RESIDENCE—STATE 18a. Indiana		COUNTY 18b. Porter		CITY, TOWN OR LOCATION 18c. Pine Township/Michigan City	
STREET AND NUMBER 18d. 3860 West Dunes Hwy		IS RESIDENCE ON A FARM? 18e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MISHKIN CITY LIMITS (Specify Yes or No) 18f. No	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 19g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME 16. William Schmidt		MOTHER—MAIDEN NAME 17. Caroline Schultz		STATE OF BIRTH (Specify Yes or No) 19h. No	
INFORMANT—NAME 19a. Geo. Schmidt, Brother		RELATIONSHIP 19b. Brother		MAILING ADDRESS 19c. 562 Freeland Av. Calumet City, IL 60409	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19d. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19e. Oak Glen		LOCATION 19f. Lansing, Illinois	
DATE (MONTH, DAY, YEAR) 20a. March 10, 1986		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Edmonds & Evans F.H., 517 Bdwy. Chesterton, IN 46304		HOUR OF DEATH 21c. Unknown	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated.		DATE SIGNED (Mo., Day, Yr.) 21b. March 11, 1986		HOUR OF DEATH 21c. Unknown	
21a. Signature <i>John A. Evans</i>		21d. ON March 7, 1986		21e. AT 4:20 P.M.	
21f. NAME AND ADDRESS OF CERTIFIER (Type or Print) John A. Evans, Coroner, 517 Broadway, Chesterton, IN 46304					
HEALTH OFFICER—SIGNATURE <i>Gary A. Babcock, MD</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 3-11-86	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) Cardiac Dysfunction DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death Min.	
CAUSE		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Alcoholism		AUTOPSY (Specify Yes or No) 24. No. 100	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. Natural		DATE OF INJURY (Mo., Day, Yr.) 25b. 3-6-86	HOUR OF INJURY 25c. Unk.	DESCRIBE HOW INJURY OCCURRED 25d. Died at Home	
INJURY AT WORK (Specify Yes or No) 25e. No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f. Residence		LOCATION 25g. 3860 W. Dunes, The Pines/Mich. City, IN	

RECORDED
INDEXED
CLAY
MAR 14 1986
4 49 PM

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

No Real Estate Property

756018

PORTER COUNTY HEALTH DEPT.
Valparaiso, Indiana

THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

A. A. Babcock MS
HEALTH OFFICER

THIS CERTIFIED COPY IS
ISSUED FREE FOR VETERANS
BENEFITS ONLY.

A. A. Babcock MD
HEALTH OFFICER

