

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

Below for State Office Use
KEY 15-339-20

A LINCOLN GARDENS

B LOT 20 BL 5

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EMBALMER'S NAME Edgar C. Gleim

LICENSE No. 1517

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 94

FUNERAL HOME No. 750

868923

Local No. 2457-85

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 LEAVE RISE TO NAMED ALL CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME 1 Delores June Loesch			SEX 2 Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 December 27, 1985	
RACE - (e.g. White, Black, American Indian, etc.) 4 White	AGE - Last birthday (Yrs.) 5a .55 yrs.	UNDER 1 YEAR 5b HRS. DAYS	UNDER 1 DAY 5c HRS. MINS.	DATE OF BIRTH (Mo. Day, Yr.) 6 1-18-1930	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Munster, Indiana		HOSPITAL OR OTHER INSTITUTION (Name, if not in other, give street and number) 7c Munster Community Hospital		IF HOSP. OR INST. Indicate DOA (Dip. Emer. Rm., Isolation, etc.) 7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, etc. 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Urban Loesch		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. or No.) 12 No
SOCIAL SECURITY NUMBER 13 314-26-7703		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Registered Nurse	KIND OF BUSINESS OR INDUSTRY 14b Hammond Clinic		
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville		IS DECEASED ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES OR NO) 16 Yes
STREET AND NUMBER 15d 3654 W. 79th Ave		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 FIRST MIDDLE LAST 16 Ivo Leon Kerchner		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Nellie E. Marlowe			
INFORMANT - NAME (Type or print) 18a Urban Loesch (Spouse)		RELATIONSHIP Spouse	MAILING ADDRESS 18b 3654 W. 79th Ave Merrillville, Indiana	CITY OR TOWN Merrillville	STATE ZIP Indiana 46410
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Center-Ridge Cemetery		LOCATION 19c Sullivan, Indiana	CITY OR TOWN STATE Sullivan, Indiana
DATE (MONTH, DAY, YEAR) 20a 12/30/85		FUNERAL HOME - NAME AND ADDRESS 20b Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) John M. Adlard M.D.			DATE SIGNED (Mo. Day, Yr.) 21b 12/27/85	HOURS OF DEATH 21c 11:45 AM '85	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d John M. Adlard M.D.			MAILING ADDRESS - PHYSICIAN 21e 7905 Calumet Avenue Munster, Indiana 46321		
HEALTH OFFICER - SIGNATURE 22a Paul Johnson			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 12-30-85		
PART I (a) Subarachnoid hemorrhage		IMMEDIATE CAUSE (ENTER THE CAUSE PER TIME PERIOD IN (b) AND (c))		Interval between onset and death	
(b) (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 (a)		Interval between onset and death	
				AUTOPSY (Specify Yes or No) 24	

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

AUDITOR LANE COUNTY

4.00