

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

Below for State of Indiana

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FILED

SEP
FUNERAL HOME
1986

LICENSE No. 646

J. J. Krause

EMBALMER'S NAME

FUNERAL DIRECTOR'S
LICENSE No. 2012

FUNERAL DIRECTOR'S
SIGNATURE *Reed Seas*

873980

Local No. 1001-86

TYPE OR PRINT IN PERMANENT INK
COUNTY
LAKE
OR REASED

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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Reed's Funeral Home
600 W. Ridge Rd
Hobart 46342
723
1200
1986

DECEASED - NAME FIRST MIDDLE LAST Robert Schwuchow			SEX Male		DATE OF DEATH (MONTH DAY YEAR) May 18, 1986	
RACE - (e.g. White, Black, American Indian, etc.) White		AGE - (Last Birthday) 63		DATE OF BIRTH (MO DAY YR) May 12, 1923		COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville		HOSPITAL OR OTHER INSTITUTION Methodist Hospital-Southlake Campus			IF HOSP OR INST - (Specify DUA, OP, Lincol, Am, Inpatient, Specific) Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) Indiana		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		SURVIVING SPOUSE (If wife give maiden name) Elizabeth J. Field
SOCIAL SECURITY NUMBER 312-18-2099		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor			KIND OF BUSINESS OR INDUSTRY U.S. Steel Corp.-Gary Works	
RESIDENCE - STATE IN		COUNTY Lake		CITY, TOWN OR LOCATION Hobart		
STREET AND NUMBER 3012 E. Cleveland Avenue				IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/> XXXX		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO <input checked="" type="checkbox"/> XXX						
FATHER - NAME Charles Schwuchow (deceased)			MOTHER - MAIDEN NAME Minnie Getty (deceased)			
INFORMANT - NAME (Type or print) Elizabeth J. Schwuchow, wife		RELATIONSHIP wife		MAILING ADDRESS 3012 E. Cleveland Ave., Hobart, IN 46342		STATE IN
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY - FUNERAL HOME Evergreen Cemetery		LOCATION Hobart, IN		STATE OF INDIANA COUNTY LAKE
DATE (MONTH DAY YEAR) 5-20-1986		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE) Rees Funeral Home, Inc., 600 W. Ridge Hobart, IN 46342				STATE OF INDIANA COUNTY LAKE
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Venk R. Garlapati</i>			DATE SIGNED (Mo Day Yr) 5/20/86		HOUR OF DEATH 3:30 AM '86	
NAME OF ATTENDING PHYSICIAN (Type or Print) Venkatram R. Garlapati, M.D.						
MAILING ADDRESS - PHYSICIAN 209 East 85th Court, Merrillville, Indiana 46410						
HEALTH OFFICER - SIGNATURE <i>Paul Johnson</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 5-20-86		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <i>Cardio respiratory arrest</i> (b) <i>Cancer of lung with metastases</i> (c) <i>Severe respiratory failure</i>						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <i>Cardiac arrhythmia</i>						
						AUTOPSY (Specify Yes or No) 24 No

400