

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

Below for State Office Use

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Highland Terrace 5th Chicago
 Add. S. 30 FT L-68
 12.40 FT Lot. 69

EMBALMER'S NAME Ronald A. Reed

108

FILED
 COONS OF
 FUNERAL DIRECTORS

FUNERAL HOME 750 No. 108
 FUNERAL DIRECTORS 94
 LICENSE SEP 19 1986
 AUDITOR LAKE COUNTY

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH CAUSE
RISKS TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

PARENTS
Shirley R.
 AUDITOR LAKE COUNTY

DISPOSITION

DECEASED

Local No. 73

876430

#5-4034 Citizens Fed. SACA attn: Margie
 7070 Ridge Road, Munster.

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No.

233

DECEASED - NAME				FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1 Paul J. Stevenson							Male	, March 10, 1985	
RACE - (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MO DAY YEAR)	COUNTY OF DEATH		
4 Caucasian	5a 59	5b	5c	5d	5e	6 Jan 10, 1926	7 Lake		
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name of institution, street and city)				IF HOSP. OR INST. (Indicate DOA, CP, Emer. Rm., Hospital, Specifc)	
7b East Chicago				7c St. Catherine Hospital				7d Emer Rm.	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED - NEVER MARRIED WIDOWED DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		
8 Indiana	9 U.S.A.		10 Married		11 Helen (Bukzar) Stevenson		12 Yes WW-II		
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (If kind of work done during most of working life, specify)				FIND OF BUSINESS OR INDUSTRY	
13 313-20-7851				14a Steel Worker				14b Inland Steel Company	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION				IS RESIDENCE ON A FARM? (Specify Yes or No)	
15a Indiana		15b Lake		15c Highland				15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER				IS RESIDENCE ON A FARM? (Specify Yes or No)				INSIDE CITY LIMITS (Specify Yes or No)	
15d 8348 Delaware Place				15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				15f Yes	
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					
16 Floy Stevenson				17 Unavailable					
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN STATE			
18 Helen Stevenson (Spouse)				18b 8348 Delaware Place Highland, Indiana 46329					
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			
20a 3/13/85				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 causes stated.						DATE SIGNED (MO DAY YEAR)		HOUR OF DEATH	
21a Signature <i>Sherman C. Arnold MD</i>						21b 3/11/85		21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print)									
21d Sherman C. Arnold MD.									
MAILING ADDRESS - PHYSICIAN									
21e 10716 Ewing Ave Chicago IL 60617									
HEALTH OFFICER - SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a <i>S. A. Caspagnano MD</i>						22b 3-11-85			
22c IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))									
PART I (a) Myocardial Infarction						Interval between onset and death			
DUE TO OR AS A CONSEQUENCE OF						Immedi.			
(b) Coronary Atherosclerosis						Interval between onset and death			
DUE TO OR AS A CONSEQUENCE OF						12 yrs			
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I.)						AUTOPSY (Specify Yes or No)			
22d Hypertension, benign						24			

400
 PL