10cc

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

Below for State Office Use

A ____________

B ____________

FILED OCT 22 1986 AUDITOR LAKE COUNTY

882068

Local No. 4.20

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1329

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Kathryn B. Sheldon	2. SEX: female	3. DATE OF DEATH (MONTH DAY YEAR): June 4, 1983	
4. RACE: white	5a. AGE—Last Birthday (Yrs): 78	5b. UNDER 1 YEAR (MOS / DAYS):	5c. UNDER 1 DAY (HOURS / MINS):
6. DATE OF BIRTH (Mo. Day Yr.): 6-19-1904	7a. COUNTY OF DEATH: Lake		
7b. CITY, TOWN OR LOCATION OF DEATH: Hammond	7c. HOSPITAL OR OTHER INSTITUTION: St. Margzret Hospital	7d. IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify): inpatient	
8. STATE OF BIRTH (If not in U.S.A. name country): Indiana	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): James Sheldon
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): no	13. SOCIAL SECURITY NUMBER: 306-01-4131	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice President	14b. KIND OF BUSINESS OR INDUSTRY: Sheldon Heatint & Air Cond

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

15a. RESIDENCE—STATE: Indiana	15b. COUNTY: Lake	15c. CITY, TOWN OR LOCATION: Hammond	
15d. STREET AND NUMBER: 1145 Summer Street	15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒	15f. INSIDE CITY LIMITS (Specify Yes or No): yes	
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒			

PARENTS

16. FATHER—NAME (FIRST, MIDDLE, LAST): Edward King	17. MOTHER—MAIDEN NAME (FIRST, LAST): Mary Lannon

18a. INFORMANT—NAME (Type or print) RELATIONSHIP: James Sheldon-husband	18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1145 Summer St. Hammond, Indiana 46320

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	19b. CEMETERY OR CREMATORY—FUNERAL HOME: Elmwood Cemetery	19c. LOCATION (CITY OR TOWN, STATE): Hammond, Indiana 46324
20a. DATE (MONTH, DAY, YEAR): June 7, 1983	20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): C.J. Huber Funeral Home 722 165thSt. Hammond, In.	

M.D. OR D.O.

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature] D.O.	21b. DATE SIGNED (Mo. Day Yr.): 6-7-83	21c. HOUR OF DEATH: 3:48A M
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): C. Foreit D.O.		
21e. MAILING ADDRESS—PHYSICIAN: 3831 Hohman Ave. Hammond, Indiana 46327		
22a. HEALTH OFFICER—SIGNATURE: [signature] M.D.	22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: JUN - 8 1983	

CAUSE

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I (a)	ACUTE RENAL FAILURE	Interval between onset and death: 2 DAYS
(b) DUE TO, OR AS A CONSEQUENCE OF	CHRONIC RENAL DISEASE	Interval between onset and death: 5 YEARS
(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)		24. AUTOPSY (Specify Yes or No): no

RECORDED OCT 24 [illegible]

FUNERAL HOME No. 285

FUNERAL DIRECTOR'S LICENSE No. 405

EMBALMER'S NAME Harold D. Johnson LICENSE No. 3463 # 3463-48

FUNERAL DIRECTOR'S SIGNATURE Michael A. Toul

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

[signature] M.D.
HAMMOND HEALTH COMMISSIONER

JUN - 8 1983
Date Issued

Repub. Wellings Oak Ridge W. 37th Ave Del 7/5/86

9 ____________
10 ____________
11 ____________
12 ____________

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

400