Rees Funeral Home 5430
600 W Ridge Rd Hobart 46342

892109

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

Below for State Office Use

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FILED
DEC 1 1986
2258
306
FUNERAL HOME
LICENSE No.
FUNERAL DIRECTOR'S
LICENSE No.
AUDITOR LAKE COUNTY

Local No. 3114-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1193

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

LAKE COUNTY HEALTH COMMISSIONER

M.D. OR D.O.

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

CAUSE

1 DECEASED—NAME (First, Middle, Last)			2 SEX	DATE OF DEATH (Month Day Year)
HOWARD E. LENTZ			MALE	NOVEMBER 29, 1986
4 RACE	5a AGE—Last Birthday (Yrs.)	UNDER 1 YEAR: 5b MOS / DAYS; UNDER 1 DAY: 5c HOURS / MINS	6 DATE OF BIRTH (Mo. Day Yr.)	7a COUNTY OF DEATH
WHITE	77		10-04-1909	LAKE
7b CITY, TOWN OR LOCATION OF DEATH	7c HOSPITAL OR OTHER INSTITUTION—Name if not in either give street and number			7d IF HOSP OR INST indicate DOA OR Emer Rm Inpatient (Specify)
HOBART	ST. MARY'S MEDICAL CENTER			INPATIENT
8 STATE OF BIRTH (If not in U.S.A. name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
ILLINOIS	U.S.A.	MARRIED	ARDITH V. MILLION	YES
13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		14b KIND OF BUSINESS OR INDUSTRY	
328-03-6532	MILLWRIGHT		CALUMET STEEL	
15 RESIDENCE—STATE	COUNTY	15b CITY, TOWN OR LOCATION		
INDIANA	LAKE	LAKE STATION		
15d STREET AND NUMBER		15e IS RESIDENCE ON A FARM? YES ☐ NO ☒		15f INSIDE CITY LIMITS (Specify Yes or No)
2553 MONTGOMERY ST				YES
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒				
16 FATHER—NAME (First, Middle, Last)		17. MOTHER—MAIDEN NAME (First, Middle, Last)		
MOSES ELMER LENTZ, (DEC.)		BESSIE ELIZEBETH CRITE, (DEC.)		
18a INFORMANT—NAME (Type or print) RELATIONSHIP		18b MAILING ADDRESS (Street or R.F.D. No. / City or Town / State / Zip)		
ARDITH LENTZ WIFE		2553 MONTGOMERY STREET, LAKE STATION, IN 46405		
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b CEMETERY OR CREMATORY—FUNERAL HOME	19c LOCATION City or Town / State		
BURIAL	CALVARY CEMETERY	PORTAGE IN		
20a DATE (Month, Day, Year)	20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
DECEMBER 02, 1986	Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-0488			

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a (Signature) ▶ Donald M Phillips MD — 21b DATE SIGNED (Mo. Day Yr.) 12-2-86 — 21c HOUR OF DEATH 2:30 P.M.

21d NAME OF ATTENDING PHYSICIAN (Type or Print): DONALD PHILLIPS, M.D.

21e MAILING ADDRESS—PHYSICIAN: 1356 SOUTH LAKE PARK AVENUE HOBART, INDIANA 46342

22a HEALTH OFFICER—SIGNATURE: Carl A Johnson — 22b DATE RECEIVED BY LOCAL HEALTH OFFICER: 12-2-86

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c).) — Interval between onset and death

PART I
(a) respiratory failure — 10 days
DUE TO, OR AS A CONSEQUENCE OF
(b) cardiac arrest
DUE TO OR AS A CONSEQUENCE OF
(c) renal failure

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given on PART I (a) — 24. AUTOPSY (Specify Yes or No): NO

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

THIS CERTIFICATE IS TO BE FILED WITH THE LOCAL REGISTRAR AND COMPLETE COPY OF THE CERTIFICATE OF DEATH IS TO BE FILED WITH THE LAKE COUNTY HEALTH OFFICER.

DEC 3 1986
LAKE COUNTY RECORDER

EMBALMER'S NAME: WILLIAM K. WILSON LICENSE No. 2258 DEC 2 1986

FUNERAL DIRECTOR'S SIGNATURE: Sally Simmons LICENSE No. 306

Rt 10 Ardith Lentz 12-2-86 #2

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