

899176

606 S. Court St  
Crown Point

State of Indiana  
Lake County SS

I, Marie Scott, do hereby certify that my husband, Noble E. Scott, died on January 16th, 1987, as shown by Death Certificate here to attached. Title to our home at 606 S. Court Street, Crown Point, Indiana, was held by us as husband and wife, as tenants by the entireties. There is no State Inheritance Tax or Federal Estate Tax due by death as he left assets of less than \$2,500.00.

*Marie Scott*  
Marie Scott

Key# 9-89-13 South Elmwood  
Ex. E.50ft L.9

Subscribed and sworn to before me on January 28, 1987.

*Denise L. Adelsperger*  
Denise L. Adelsperger

My Commission Expires 10-29-88

Prepared by Marie Scott

JAN 28 2 49 PM '87

STATE OF INDIANA  
LAKE COUNTY  
FILED & RECORDED

*Richard J. Blawie*



FILED

JAN 28 1987

*Anna M. Antox*  
AUDITOR LAKE COUNTY

1270 0/5/87

1271

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 114-87

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

FUNERAL HOME  
No. FDH3001253

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

TRUE AND  
CORRECT  
STATEMENT  
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  
INTERIM CAUSE  
CAUSE LAST

CAUSE

DECEASED NAME FIRST: <b>Noble</b> MIDDLE: <b>E.</b> LAST: <b>Scott</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>January 16, 1987</b>
RACE: <b>White</b>	AGE: <b>77</b>	UNDER 1 YEAR MO: <b>2</b> DAY: <b>20</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>	HOSPITAL OR OTHER INSTITUTION <b>Lake County Convalescent Home</b>		IF HOSP OR INST. INPATIENT <b>Inpatient</b>
STATE OF BIRTH: <b>Illinois</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED <b>Married</b>	SURVIVING SPOUSE <b>Marie Haberzette</b>
SOCIAL SECURITY NUMBER <b>312-05-6703</b>	USUAL OCCUPATION <b>Assembler</b>	KIND OF BUSINESS OR INDUSTRY <b>Budd Company</b>	
RESIDENCE STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Crown Point</b>	
STREET AND NUMBER <b>606 South Court Street</b>		IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER - NAME FIRST: <b>Jacob</b> MIDDLE: <b>Scott</b> LAST: <b>Scott</b>	MOTHER - MAIDEN NAME FIRST: <b>Emma</b> MIDDLE: <b>Clough</b> LAST: <b>Clough</b>		
INFORMANT NAME (Type or Print) <b>Marie Scott</b>	RELATIONSHIP <b>Wife</b>	MAILING ADDRESS (STREET OR R.D. NO., CITY OR TOWN, STATE, ZIP) <b>606 South Court St. Crown Point Indiana 46307</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY (FURNERAL HOME)	LOCATION (CITY OR TOWN, STATE)	
<b>Burial</b>	<b>Calumet Park Cemetery</b>	<b>Merrillville, Indiana</b>	
DATE (MONTH DAY YEAR) <b>Jan. 19, 1987</b>	FURNERAL HOME - NAME AND ADDRESS (STREET OR R.D. NO., CITY OR TOWN, STATE, ZIP) <b>Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307</b>		
To the best of my knowledge and belief, I certify that the date and place and due to the causes stated		DATE SIGNED (MO. DAY YEAR) <b>January 19, 1987</b>	HOUR OF DEATH <b>10:40 P. M.</b>
SIGNATURE OF ATTENDING PHYSICIAN (Type or Print) <b>J. C. Espino M.D.</b>			
MAILING ADDRESS - PHYSICIAN <b>2900 W. 93rd. Avenue, Crown Point, Indiana 46307</b>			
HEALTH OFFICER - SIGNATURE <i>David A. Anderson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>1/20/87</b>	
PART I (a) <b>Severe Hepatic Cirrhosis with Bilateral Pleural Effusion</b>		INTERIM CAUSE BETWEEN ONSET AND DEATH	
(b) <b>and massive ascites (one month); thrombocytopenia</b>		INTERIM CAUSE BETWEEN ONSET AND DEATH	
(c) <b>with Senescent Eczymosis (one month) &amp; Arteriosclerosis</b>		INTERIM CAUSE BETWEEN ONSET AND DEATH	
PART II <b>Heart Disease with Cardiovascular and arterial pathology</b>		ADULTS (Specify Yes or No) <b>No</b>	

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
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- K \_\_\_\_\_
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- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

THIS CERTIFIES THE COMPLETE COPY OF THE DEATH OR FILE WITH HEALTH DEPT.

EMBALMER'S NAME: Metty Andersen

FUNERAL DIRECTOR'S SIGNATURE: [Signature]

Key # 9-89-13 South Crownwood Co. & South of 9