

Reissig Add Glen Pk. E. 2 of W. 2 Lots 22, 23, 24 Bl. 6
46-402-24

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

Below for State Office Use

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EMBALMER'S NAME: Cornelius A. Kuiper

FUNERAL HOME: 1451
FUNERAL DIRECTOR'S LICENSE No. 94
FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*

901602

Local No. 346

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: B 11 1987

DISPOSITION

AUDITOR LAKE COUNTY

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

434.93
LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IN 46410

DECEASED - NAME 1 Ray B. Cuddington				SEX 2 Male	DATE OF DEATH - MONTH DAY YEAR 3 Sept. 29, 1986
RACE - (See 1500-1500-101) 4 White	AGE - Last Birthday 5a 79	UNDER 1 YEAR 5b UNDER 1 DAY 5c	DATE OF BIRTH - Mo. Day Year 6 Feb. 12, 1907	COUNTY OF DEATH 7a Lake	
CITY, TOWN OR LOCATION OF DEATH 7b East Chicago		HOSPITAL OR OTHER INSTITUTION - Name if not in other part of certificate 7c St. Catherine Hospital		IF HOSP OR INST. (Specify DOA UP, Hosp, etc.) 7d Inpatient	
STATE OF BIRTH (If not in U.S. & name country) 8 Michigan	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Widowed	SURVIVING SPOUSE (If wife give maiden name) 11 N/A		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes
SOCIAL SECURITY NUMBER 13 312-05-5888		USUAL OCCUPATION - (Give kind of work done during most of work life, even if temporary) 14a Strengthened Helper	KIND OF BUSINESS OR INDUSTRY 14b Steel Co.		
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 1509 Hoffman St.		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 FIRST MIDDLE LAST 16 Unavailable		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Martha Jean Shelco			
DECEASED NAME (Last or given) 18 David Cuddington		RELATIONSHIP 18b SON	MAILING ADDRESS - STREET OR R.F.D. NO. CITY OR TOWN 18c 1137 Elloit Dr. Munster, Indiana		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery		LOCATION - CITY OR TOWN STATE 19c Merrillville, Indiana	
DATE - MONTH DAY YEAR 20a Oct. 2, 1986		FUNERAL HOME - NAME AND ADDRESS - (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana			
SIGNATURE 21a <i>[Signature]</i>		DATE SIGNED - Mo. Day Year 21b 10-2-86	HOUR OF DEATH 21c M		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <i>[Signature]</i>					
MAILING ADDRESS - PHYSICIAN 21e					
HEALTH OFFICER - SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-2-86			
IMMEDIATE CAUSE (PART 1) 23a Ventricular Fibrillation (Cardiopulmonary arrest)		Interval between onset and death			
DUE TO OR AS A CONSEQUENCE OF (PART 2) 23b Severe Coronary Artery disease & Congestive heart failure		Interval between onset and death			
DUE TO OR AS A CONSEQUENCE OF (PART 3) 23c pneumonia		Interval between onset and death			
OTHER SIGNIFICANT CONDITIONS (Specify conditions leading to death but not related to cause given in PART 1 & 2) 23d		AUTOPSY (Specify Yes or No) 24			

RICHARD J. BLASTOCK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46308
FEB 19 08 AM '87

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