

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

Below for State Office Use

901703

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

928

Local No. 139-87

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

M.D.
OR
D.O.

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

CAUSE

LICENSE No. FDE 1005912

EMBALMER'S NAME
Ronald J. Mesarch

FUNERAL DIRECTOR'S
LICENSE No. FDE 1005912

FUNERAL DIRECTOR'S
SIGNATURE

FUNERAL HOME
No. FDH 3007762

DECEASED—NAME 1 James H. Watson			SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 January 23, 1987
RACE—(to be filled in by the coroner) 4 White	AGE—Last Birthday (Year) 5a 74	UNDER 1 YEAR 5b MONTHS DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo Day Yr) 6 11-13-1912
CITY, TOWN OR LOCATION OF DEATH 7a Munster		HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number) 7c Munster Med Inn		IF HOSP OR INST Indicate DOA DP Emer Rm Inpatient (Specify) 7d Inpatient
STATE OF BIRTH (if not in U.S.A name country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (if wife give maiden name) 11 Pauline L. Speer	
SOCIAL SECURITY NUMBER 13 314-16-6318		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a School Administrator	KIND OF BUSINESS OR INDUSTRY 14b Schererville Public Schools	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Schererville		
STREET AND NUMBER 15d 228 E. US 30			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSURANCE LIMITS (Specify B or C) 15f
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 16 James C. Watson		MOTHER—MAIDEN NAME 17 Florence E. Bradley		
INFORMANT—NAME (Type or Print) 18a Pauline L. Watson - Wife		RELATIONSHIP	MAILING ADDRESS 18b 228 E. US 30 Box 144 Schererville, Indiana 46375	CITY OR TOWN STATE
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Mt. Pleasant Cemetery		LOCATION 19c Orleans, Indiana
DATE (MONTH, DAY, YEAR) 20a January 26, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO, CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home Inc. 7905 Broadway Merrillville, Ind.		
To the best of my knowledge death occurred at the time, date and place and due to the causes stated 21a (Signature) <i>William Hehemann</i>		DATE SIGNED (Mo. Day Yr) 21b 1/23/87	HOUR OF DEATH 21c 1 PM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d William Hehemann, MD				
MAILING ADDRESS—PHYSICIAN 21e 7905 Calumet Avenue, Munster, Indiana 46321				
HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-26-87	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c)) PART I (a) Cerebrovascular Accident				
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis				
DUE TO OR AS A CONSEQUENCE OF (c) Anemia				
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I (a) 24 No				

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

AUDITOR LAKE COUNTY

RICHARD J. BLASTICK
RECORDED, LAKE COUNTY

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THIS CERTIFICATE IS VALID FOR THE COUNTY OF LAKE COUNTY, INDIANA, ONLY IF THE DEATH OCCURRED IN THIS COUNTY.

FILED IN THE COUNTY OF LAKE COUNTY, INDIANA, ON JAN 26 1987.

3-18-87

13-18-87