

16300

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

902519

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 249-87

Below for State Office Use

FUNERAL HOME
FDE1041083 NFDH3003069

FDE 860652

LICENSE No. FEB 6 1987

FUNERAL DIRECTOR'S
LICENSE No. FDE1041083

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
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

PETER N. MORIKIS HEALTH DEPT.

EMBALMERS NAME

FUNERAL DIRECTOR'S
SIGNATURE Peter N. Morikis

FUNERAL HOME

DECEASED—NAME JAMES E. LOWE			SEX MALE	DATE OF DEATH (MONTH DAY YEAR) FEBRUARY 03, 1987	
RACE—(If White, Black, American Indian or Spanish) WHITE	AGE—Last Birthday (Yrs) 49	UNDER 1 YEAR MOB	UNDER 1 DAY HOURS	DATE OF BIRTH (Mo Day Yr) 04-27-1937	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH HOBART		HOSPITAL OR OTHER INSTITUTION (Name if not on other page street and number) 7c ST. MARY'S MEDICAL CENTER		IF HOSP OR INST (Indicate DOA, IOP, Etc., Rm., Inpatient (Specify)) 7d INPATIENT	
STATE OF BIRTH (If not in U.S.A. name country) TENNESSEE	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) MARRIED	SURVIVING SPOUSE (If wife give maiden name) 11 CAROLYN S. GROOMER		WAS DEFENDANT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 YES
SOCIAL SECURITY NUMBER 13 400-48-0629		USUAL OCCUPATION (Give kind of work done during most of working life (Specify if retired)) 14a CONTINUOUS CASTER		KIND OF BUSINESS OR INDUSTRY 14b U.S. STEEL CORP.	
RESIDENCE—STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION 15c HOBART		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 135 S. COLORADO ST.		INSIDE CITY LIMITS (Specify City or No.) 15b YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		RECORDING	
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 HARVEY LOWE, (DEC.)			MOTHER—MAIDEN NAME FIRST MIDDLE 17 BIRDIE BUTLER, (DEC.)		
INFORMANT—NAME (Type or Print) RELATIONSHIP 18a CAROLYN S. LOWE WIFE		MAILING ADDRESS STREET OR R.F. NO. CITY OR TOWN STATE ZIP 18b 135 S. COLORADO ST., HOBART, IN 46307			
BURIAL—PREPARATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b CALUMET PARK CEMETERY		LOCATION CITY OR TOWN STATE ZIP 19c MERRILLVILLE IN 46342-0488	
DATE (MONTH DAY YEAR) 20a FEBRUARY 10, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F. NO. CITY OR TOWN STATE ZIP) 20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		DATE SIGNED (Mo Day Yr) 21b 2/16/87	
To the best of my knowledge, death occurred at the time, date and place and due to the (causals) stated 21a (Signature) Robert N. Wylie		DATE SIGNED (Mo Day Yr) 21b 2/16/87		HOUR OF DEATH 21c 06:00 A.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d ROBERT WYLIE, M.D.					
MAILING ADDRESS—PHYSICIAN 21e 1500 SOUTH LAKE PARK AVENUE HOBART, INDIANA 46342					
HEALTH OFFICER—SIGNATURE <u>Robert N. Wylie</u>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-5-87	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART (a) Cardiopulmonary arrest				Interval between onset and death	
DU TO OR AS A CONSEQUENCE OF				Interval between onset and death	
PART (b) mediastinal metastatic carcinoma ± desmoplastic reaction				Interval between onset and death	
DU TO OR AS A CONSEQUENCE OF				Interval between onset and death	
PART (c)				Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to ruling given in PART 1(a)				AUTOPSY (Specify Yes or No)	
24 hist of gastric esophageal carcinoma (resected) ± gastric-esoph. anastomosis (5/86).				NO	

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

1600

Key # 18-20-6
Hobart Lake Shore Club
A. 15 Feb 87 7:57 AM
THIS CERTIFIES THE ABOVE IS A TRUE / ID
COMPLETE COPY OF THE CERTIFICATE OF
HEALTH OR FILE WITH THE LAKE COUNTY
HEALTH DEPT.

RICHARD J. BLASTICK
RECORDER, LAKE COUNTY
STATE OF INDIANA
LAKE COUNTY HEALTH DEPT.
FEB 10 22 AM '87
46307

1601