124955-85

Unit 2 - Key 3-64-3
3-66-3

Donald O'Dell
P.O. Box 128
Kouts, In
46356

12/3/15

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

Below for State Office Use

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Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

903550

Local No. 1158-78

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

FUNERAL HOME 427

LICENSE No. 5246

FUNERAL DIRECTOR'S LICENSE No. 2258

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.

CAUSE

1. DECEASED—NAME (First, Middle, Last) Sheridan E. Ruge		2. SEX Male	3. DATE OF DEATH (Month Day Year) Sept. 13, 1978
4. RACE (e.g. White, Black, American Indian, etc.) (Specify) White	5a. AGE—Last Birthday (Yrs.) 67	5b. UNDER 1 YEAR: MOS / DAYS	5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Mo. Day Yr.) 1-28-1911	7a. COUNTY OF DEATH Lake		
7b. CITY, TOWN OR LOCATION OF DEATH Crown Point	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) St. Anthonys Hosp.		7d. IF HOSP. OR INST. Indicate DOA, OP (Emer. Rm.), Inpatient (Specify) Inpatient
8. STATE OF BIRTH (If not in U.S.A. name country) Indiana	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Mary Alice (Rigg)
			12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
13. SOCIAL SECURITY NUMBER 350 03 1975	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Agent	14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Lowell	
15d. STREET AND NUMBER 14725 Reeder Rd. P.O. Box 185		15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒	15f. INSIDE CITY LIMITS (Specify Yes or No) No
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒			
16. FATHER—NAME (First, Middle, Last) Emo Ruge		17. MOTHER—MAIDEN NAME (First, Middle, Last) Pearl Nichols	
18a. INFORMANT—NAME (Type or print) Mrs. Mary Alice Ruge	18b. MAILING ADDRESS (Street or R.F.D. No.) P.O. Box 185	City or Town Lowell	State Indiana Zip 46356
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	19b. CEMETERY OR CREMATORY—FUNERAL HOME Lowell Cemetery	19c. LOCATION (City or Town, State) Lowell, Indiana	
20a. DATE (Month, Day, Year) 9-15-1978	20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Sheets Funeral Home 604 E. Commercial Ave. Lowell, In.		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) Sampanta Boonjarern MD.		21b. DATE SIGNED (Mo. Day Yr.) Sept. 14, 1978	21c. HOUR OF DEATH 4:00
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) Sampanta Boonjarern M.D.			
21e. MAILING ADDRESS—PHYSICIAN 130 Clark St. Lowell, Indiana 46356			
22a. HEALTH OFFICER—SIGNATURE Peter Geary M.D.			22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 9/18/78

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b) and (c)) — PART I

(a) Liver failure — Interval between onset and death: 10 days

DUE TO, OR AS A CONSEQUENCE OF

(b) Metastasis cancer of the ascending colon — Interval between onset and death: unknown

DUE TO OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a). Severe generalized arteriosclerosis with total occlusion of the distal abdominal aorta, the celiac axis and the inferior mesenteric artery. 2. Hypertension 3. Diabetes Mellitus

24. AUTOPSY (Specify Yes or No) No

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

EMBALMER'S NAME William Sheets

FUNERAL DIRECTOR'S SIGNATURE

SBH 06-003
REV. 10/77

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

LAKE COUNTY HEALTH COMMISSIONER

FEB 18 1978

TICOR TITLE INSURANCE
Crown Point, Indiana

RICHARD J. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307

FEB 25 9 08 AM '87

FILED
FEB 23 1987
Auditor Lake County

Part PE E½, NE¼ & 2+PT W½, NW¼, Sec 1 - 33-9

Part PE 1-5, Sherwood Sub 58/93 PC 3E¼, NE¼ 1-33-7

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