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THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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905458

LICENSE No. FDE 860065

PETER N. MORIKIS

EMBALMER'S NAME

FUNERAL HOME'S LICENSE No. FDH-300613  
FUNERAL DIRECTOR'S SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS AND HANDBOOK DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS OF ART WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE (LAST)

CAUSE

REES FUNERAL HOME  
600 Ridge Rd, Hobart, IN 46342  
INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 34787

State No.

DECEASED - NAME 1 CLARA LOUISE ARVIDSON				SEX 2 FEMALE	DATE OF DEATH (MONTH DAY YEAR) FEBRUARY 13, 1987
RACE - (to g. White, Black, American Indian, etc.) 4 WHITE	AGE - (last birthday) (YRS) 5a 78	UNDER 1 YEAR 5b MOS DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (MO DAY YR) 6 04-14-1908	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH 7a CROWN POINT		HOSPITAL OR OTHER INSTITUTION (Name if not on other page street and number) 7c ST. ANTHONY'S MEDICAL CENTER		IF HOSP OR INST indicate DUA (City, State, Zip) 7d INPATIENT	
STATE OF BIRTH (If not in U.S.A. name country) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 MARRIED	SURVIVING SPOUSE (If wife give maiden name) 11 GEORGE R. ARVIDSON		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO
SOCIAL SECURITY NUMBER 13 310-14-7231		USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) 14a HOMEMAKER		KIND OF BUSINESS OR INDUSTRY 14b "NONE"	
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c LAKE STATION		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX	
STREET AND NUMBER 15d 2455 TIPPECANOE ST.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX		INSIDE CITY LIMITS (Specify YES OR NO) 15f YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX					
FATHER - NAME (FIRST MIDDLE LAST) 16 HENRY ANDERSEN (DEC)			MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 CAROLINE HANSEN (DEC)		
INFORMANT - NAME (Type or Print) 18a GEORGE R. ARVIDSON		RELATIONSHIP HUSBAND	MAILING ADDRESS (STREET OR R.F.D. NO CITY OR TOWN STATE) 18b 2455 TIPPECANOE ST., LAKE STATION, IN 46405		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORIUM - FUNERAL HOME 19b CALUMET PARK CEMETERY		LOCATION (CITY OR TOWN STATE) 19c MERRILLVILLE IN 46368	
DATE (MONTH DAY YEAR) 20a FEBRUARY 17, 1987		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO CITY OR TOWN STATE ZIP) 20b Rees Funeral Home, Olson Chapel, 5341 Central Ave, Portage IN 46368		RECORDED, RICHARD J. BLASBERG, LAKE COUNTY, INDIANA 46367	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) Fred J. Harris M.D.			DATE SIGNED (MO DAY YR) 21b 2/19/87	HOUR OF DEATH 21c 2:24	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d DR. FRED J. HARRIS					
MAILING ADDRESS - PHYSICIAN 21e 2102 EAST EVANS AVE. VALPARAISO, IN 46383					
HEALTH OFFICER - SIGNATURE 22a				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-23-	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) Carbine arrest due to Uryel Pruritic DU TO OR AS A CONSEQUENCE OF (b) Toxicity of Pruritic and Respiratory Failure + DU TO OR AS A CONSEQUENCE OF (c) Cardomyopathy, probable viral, Hepatic PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Pneumonia, disseminated Candidiasis					
AUTOPSY (Specify Yes or No) 24 NO					

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

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4.00