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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 121-76

233

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. HENRY			LINDBLUM		2. Male	3. February 5, 1976
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White	5a. 33	5b.	5c.	6. 3-8-1907	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Highland			7c. Yes	7d. 3118 Duluth St. Highland, Indiana 46322		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Illinois		9. U.S.A.		10. Ann P Kriston		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY		
12. 318-05-3099		13a. Crafts Operator		13b. Stanray Corp.		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana	14b. Lake	14c. Highland		14d. Yes	14e. North	
STREET AND NUMBER			14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service		15. IS RESIDENCE ON A FARM? (Yes, no, or unknown) If yes, give war or dates of service	
14f. 3118 Duluth St. Highland, In.					14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. PARENTS			Lindstrom		16. Clara Goertz	
INFORMANT—NAME			RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
17a. Ann P Lindstrom			17b. wife	17c. 3118 Duluth St. Highland, In. 46322		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
(a) Histocytic lymphoma		4 wks.				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF:				
(b) spleen with multiple metastases		DUE TO, OR AS A CONSEQUENCE OF:				
CAUSE		decide myocardial infarction 3 months				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)						
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE						
AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>						
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>						
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED
20. 2 5 76					M.	21a. 2 9 76
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE				SIGNATURE OF PHYSICIAN		PHY. CODE NO.
22a. D. H. RUDSEER				22b. [Signature]		36394
MAILING ADDRESS—PHYSICIAN				STREET OR R.F.D. NO.		CITY OR TOWN
23. 2075 Indianapolis Blvd				Whiteing Ind		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		
24a. Cremation		24b. Oakland Memory Lanes		24c. Dolton Illinois		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. 2-9-76		25a. Virgil Huber Funeral Home 7051 Kennedy Ave. Hammond, In. 46323				
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER	
26a. [Signature]					26b. February 9, 1976	

Below for State Official Use

A _____

B _____

C _____

D _____

E _____

F _____

G _____

H _____

I _____

J _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

FILED
FURNERAL HOME
206 1997

DECEASED
Funeral Director's License No. 2597

NOT EMBALMED
EMBALMER'S NAME
Funeral Director's Signature

Disposition Permit Issued / /

Provisional Certificate

Yes No

RICHARD J. BLASHECK
RECORDED, LAKE COUNTY
GROWN POINT, INDIANA 46327

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