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

Below for State Office Use

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

Lake County Antigo
Ex E. 1980 Pt 202
#15-334-49
Meadow #3

EMBALMER'S NAME Ronald J. Mesarch LICENSE No. FDE#1005912

FUNERAL DIRECTOR'S SIGNATURE Ronald J. Mesarch FUNERAL DIRECTOR'S LICENSE No. FDE#1005912

FUNERAL HOME FDH#3007762

FILED MAY 2 1987

Local No. 661-87

918616

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

LTIC Case No. 43654
LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IN 46410

TYPE OR PRINT IN PERMANENT INK OR INSTRUCTIONS SEE HANDBOOK

DECEASED

DECEASED—NAME (1) FIRST RAYMOND MIDDLE L. LAST COFFMAN | SEX (2) Male | DATE OF DEATH (MONTH DAY YEAR) (3) April 5, 1987

RACE (4) White | AGE (5a) 71 | UNDER 1 YEAR (5b) MOS DAYS | UNDER 1 DAY (5c) HOURS MINS | DATE OF BIRTH (6) July 9, 1915 | COUNTY OF DEATH (7a) Lake

CITY, TOWN OR LOCATION OF DEATH (7b) Merrillville | HOSPITAL OR OTHER INSTITUTION (7c) Methodist Hospital Southlake Campus | IF HOSP OR INST (7d) Emer. Rm.

STATE OF BIRTH (8) Indiana | CITIZEN OF WHAT COUNTRY (9) USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (10) Married | SURVIVING SPOUSE (11) Eloise Hermansen | WAS DECEDENT EVER IN U.S. ARMED FORCES? (12) No

SOCIAL SECURITY NUMBER (13) 312-05-8013 | USUAL OCCUPATION (14a) Ret. Industrial Engineer | KIND OF BUSINESS OR INDUSTRY (14b) U.S. Steel Corporation

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

RESIDENCE STATE (15a) Indiana | COUNTY (15b) Lake | CITY, TOWN OR LOCATION (15c) Merrillville

STREET AND NUMBER (15d) 720 W. 66th Place | IS RESIDENCE ON A FARM? (15e) YES ☐ NO ☒ | INSIDE CITY LIMITS (16) Yes

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC (15g) YES ☐ NO ☒

PARENTS

FATHER—NAME (16) FIRST Reuben MIDDLE LAST Coffman | MOTHER—MAIDEN NAME (17) FIRST Jesse MIDDLE LAST Barkhurst

INFORMANT NAME (18a) Eloise Coffman - Wife | MAILING ADDRESS (18b) 720 W. 66th Place Merrillville, Indiana 46410

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER (19a) Burial | CEMETERY OR CREMATORY—FUNERAL HOME (19b) Ridgelawn Cemetery | LOCATION (19c) Gary, Indiana

DATE (20a) April 8, 1987 | FUNERAL HOME—NAME AND ADDRESS (20b) Geisen Funeral Home Inc. 7905 Broadway Merrillville, Ind. 46410

M.D. OR D.O.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (21a) (Signature) X Roberto Valenzuela | DATE SIGNED (21b) 4-6-87 | HOUR OF DEATH (21c) 6:40 A M

NAME OF ATTENDING PHYSICIAN (21d) Roberto Valenzuela M.D.

MAILING ADDRESS—PHYSICIAN (21e) 5490 Broadway Merrillville, Indiana 46410

HEALTH OFFICER—SIGNATURE (22a) [signature] | DATE RECEIVED BY LOCAL HEALTH OFFICER (22b) 4-7-87

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

CAUSE

(23) PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) (a) Acute Mocardial Infarct. | Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF (b) | Interval between onset and death

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) | AUTOPSY (24) No

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