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RECORD

918790

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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Charles E. Van Natta
213 E. Commercial Ave
Lowell, 46356
State No.

KEY NO. 4-45-41, UNIT 17

Below the State Office Use

DEATH DEPT
HEALTH DEPT
COUNTY HEALTH DEPT
4-45-41
MAY 26 1981

EMBALMER'S NAME: James M. Love
FUNERAL DIRECTOR'S SIGNATURE: [Signature]
LICENSE NO. 90
GENERAL DIRECTOR'S LICENSE NO. 2258
LAKE COUNTY HEALTH COMMISSIONER'S SIGNATURE: [Signature]

DECEASED
GENERAL RESIDENCE
IF DEATH
OCCURRED IN
RESIDENCE, GIVE
RESIDENCE BEFORE
ADMISSION
POSITION
M.D.
OR
D.O.
CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1. Clara M. Gibson		Clara	M.	Gibson	Female	5-20-1981	
RACE—(If not in U.S.A. name country)		AGE—(Last Birthday)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Yr.)
White		60 77	MOS	DAYS	HOURS	MIN	6 11-3-1903
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number)		COUNTY OF DEATH		IF HOSP OR INST. Indicate DOA OP (1 max. 8m. Inpatient (Specify))	
7b. Crown Point		7c. St Anthonys Hospital		7d. Lake		7d. Inpatient	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr or M)	
8. Indiana	9. USA	10. Married		11. Victor J. Gibson		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
13. 304-42-0985 A		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS	
15a. Indiana	15b. Lake	15c. Lowell		15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Yes	
STREET AND NUMBER		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.					
16a. 246 Castle		16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST
16. August N. Eyrard		August	N.	Eyrard	17. Frances Jarbee		Frances
INFORMANT—NAME (Type or print)		MAILING ADDRESS		CITY OR TOWN		STATE ZIP	
18a. Victor J. Gibson		18b. 246 Castle		Lowell, Indiana		46356	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN STATE	
19a. Burial		19b. St Edwards Cemetery		19c. Lowell, Indiana			
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)			
20a. 5-23-1981		20b. Sheets Funeral Home 604 E. Commercial Ave. Lowell, In. 46356					
To the best of my knowledge, death occurred at the time and place and under the causal stated		DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH			
21a. [Signature] David B. Templin		21b. 5/22/81		21c. About 11 AM			
NAME OF ATTENDING PHYSICIAN (Type or print)		MAILING ADDRESS—PHYSICIAN		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	
21d. David B. Templin M.D.		21e. 308 E. Commercial Ave. Lowell, Ind. 46356		21f. Peter Frey M.D.		22b. 5-26-81	
IMMEDIATE CAUSE (ENTER ON ONE CAUSE PER LINE FOR (a) AND (b))		INTERVAL BETWEEN ONSET AND DEATH					
PART I (a) Uremia		1 week					
(b) Coronary Arteriosclerotic heart failure		2 weeks					
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)					
PART II Coronaritis of the Lence		24. 3 yrs.					