

Key # 20-18-1987
 Greater Gary Subdiv No. 1
 all 2/19/87 Bl. 4

Rees Funeral Home
 600 W Ridge Rd
 Gary
 State
 No.

TRUE COPY OF RECORD OF
 REGISTRATION ON FILE AT
 LA PORTE COUNTY HEALTH
 DEPARTMENT.

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

Local No. **MC 3834072**

FUNERAL HOME
 No. FDH3003069

FUNERAL DIRECTOR'S
 LICENSE No. FDE1041083

FUNERAL DIRECTOR'S
 SIGNATURE

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

ISSUED
 M.D.
 OR
 D.O.
 AUG 14 1987

DECEASED--NAME 1. DALLAS EUGENE LEHMANN		SEX 2. MALE	DATE OF DEATH (MONTH DAY YEAR) 3. AUGUST 12, 1987
RACE--10 4. WHITE	AGE--Last Birthday (Year) 5a. 74	DATE OF BIRTH--Mo. Day Yr. 6. JULY 15, 1913	COUNTY OF DEATH 7a. LAPORTE
CITY, TOWN OR LOCATION OF DEATH 7b. MICHIGAN CITY		HOSPITAL OR OTHER INSTITUTION--Name if not in other give street and number. 7c. ST. ANTHONYS HOSPITAL	IF HOSP. OR INST. indicate DOA OF Emer. Rm. Inpatient (Specify) 7d. INPATIENT
STATE OF BIRTH (if not in U.S.A. name country) 8. INDIANA	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (if wife give maiden name) 11. KATHRYN HARRIS
SOCIAL SECURITY NUMBER 13. 312-09-1295		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a. MERCHANT MILL	KIND OF BUSINESS OR INDUSTRY 14b. INLAND STEEL COMPANY
RESIDENCE--STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. LAKE STATION	IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 3424 PARKSIDE STREET		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE 223 PM '87 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"/>			
FATHER--NAME FIRST MIDDLE LAST 16. JOHN B. LEHMANN (DEC)		MOTHER--MAIDEN NAME FIRST MIDDLE LAST 17. CLARA McCARVILLE (DEC)	
INFORMANT--NAME (Type or print) 18a. KATHRYN LEHMANN WIFE	RELATIONSHIP 18b. WIFE	MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 18c. 3424 PARKSIDE STREET LAKE STATION IN 464	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL	CEMETERY OR CREMATORY--FUNERAL HOME 19b. GRACELAND CEMETERY	LOCATION CITY OR TOWN STATE 19c. VALPARAISO IN 46368	
DATE (MONTH, DAY YEAR) 20a. AUGUST 15, 1987	FUNERAL HOME--NAME AND ADDRESS (STREET OR RFD NO. CITY OR TOWN STATE ZIP) 20b. REES FUNERAL HOME 600 W. Ridge Rd. Hobart, In 46342		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 8/14/87	HOUR OF DEATH 21c. 1:47A.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. DR. FREDERICK G. BATTLE			
MAILING ADDRESS--PHYSICIAN 21e. WALTERS CLINIC 1715 BUFFALO ST. MICHIGAN CITY, IN 46360		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 8-14-87	
HEALTH OFFICER--SIGNATURE 22a. <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 8-14-87	
IMMEDIATE CAUSE PART (a) <i>[Signature]</i>		Interval between onset and death <i>[Signature]</i>	
DUE TO OR AS A CONSEQUENCE OF (b) G.H.D.		Interval between onset and death <i>[Signature]</i>	
DUE TO OR AS A CONSEQUENCE OF (c) Square obstruction, pulm. disease		Interval between onset and death <i>[Signature]</i>	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) PART (d) Coronary thrombosis - days		AUTOPSY (Specify Yes or No) 24. NO	

9821

JULIAN BLASTICK
 L.C. REORDER

AUDITOR LAKE COUNTY

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