

Patzel Lakeview Summer Resort L. 778 Bl. 1D

This is an official copy of the record of death on file at the Porter County Health Department.

THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

Gary A. Babcock, M.D.

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942642

EMBALMER'S NAME PETER N. MORIKIS
FUNERAL DIRECTOR'S SIGNATURE *Peter N. Morikis*
LICENSE No. FDE 8600652
FUNERAL HOME No. FDH 3003069
LICENSE No. FDE 1041083

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

M.D. OR D.O.

DISPOSITION

PARENTS

DECEASED

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Joan Custer
915 W. 39th Place
Hobart
540

DECEASED - NAME 1 HARVEY WESTVEER EVANS			SEX M	DATE OF DEATH - MONTH DAY YEAR SEPTEMBER 7, 1987	
RACE - to g. White Black American Indian or (Specify)	AGE - Last Birthday (MOS. DAYS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO. DAY YEAR)	COUNTY OF DEATH
4 WHITE	5a 86	5b	5c	JUNE 7, 1901	PORTER
CITY, TOWN OR LOCATION OF DEATH 7b PORTAGE, INDIANA		HOSPITAL OR OTHER INSTITUTION 7c FOUNTAINVIEW PLACE		IF HOSP. OR INST. (Specify)	
STATE OF BIRTH (If not in U.S.A. name country) 8 MICHIGAN		CITIZEN OF WHAT COUNTRY 9 USA		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 MARRIED	
SOCIAL SECURITY NUMBER 13 312-05-8066		USUAL OCCUPATION (Specify kind and date, giving most of work for the year if steady) 14a ACCOUNTANT		SURVIVING SPOUSE (Specify name and relationship) 11 AGNES ANGELA	
RESIDENCE - STATE 15a INDIANA		COUNTY 15b LAKE		CITY, TOWN OR LOCATION 15c HOBART	
STREET AND NUMBER 15d 712 SOUTH WASHINGTON		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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"/>					
FATHER - NAME 16 DR. EDWARD E. EVANS			MOTHER - MAIDEN NAME 17 ALICE M. ALLEN		
INFORMANT NAME (Type or print) 18a AGNES EVANS (WIFE)		RELATIONSHIP (WIFE)			
MAILING ADDRESS 18b 712 SOUTH WASHINGTON		CITY OR TOWN HOBART		STATE ZIP IN 46342	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 19b CALVARY CEMETERY		LOCATION 19c PORTAGE, INDIANA	
DATE (MONTH DAY YEAR) 20a SEPTEMBER 10, 1987		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b REES FUNERAL HOME, 600 WEST RIDGE ROAD, 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 <i>[Signature]</i>			DATE SIGNED (MO. DAY YEAR) 21b 9/8/87		HOUR OF DEATH 21c 12:50 A.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d LEONARD W. OSTROWSKI, JR.					
MAILING ADDRESS - PHYSICIAN 21e 3110 WILLOWCREEK ROAD, PORTAGE, INDIANA 46368					
HEALTH OFFICER'S SIGNATURE 22a <i>Gary A. Babcock, M.D.</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 9-8-87	
PART I IMMEDIATE CAUSE (IF MORE THAN ONE CAUSE PER LINE, LIST IN (a) AND (c)) 23 (a) <i>Acute cardiovascular</i>					
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause(s) given in PART I (a))					

FILED

OCT 8 1987

Joan N. Custer
AUDITOR LAKE COUNTY

INDIAN BUREAU OF RECORDS
FILED
OCT 8 11 AM '87
LAKE COUNTY INDIANA

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