

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

Below for State Office Use

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NEW Home SUB. L-23

JAMES GHOLSTON  
THIS CERTIFIES THE ABOVE IS TRUE AND  
A COPY OF THE CERTIFICATE OF  
DEATH IS ON FILE WITH THE LAKE COUNTY  
CLERK'S OFFICE.

FDE 1004194

JAMES GHOLSTON

EMBALER'S NAME  
FUNDAL DIRECTOR'S  
SIGNATURE

Antonio  
AUDITOR LAKE COUNTY

FUNERAL HOME  
No. FDH300 3069

FUNERAL DIRECTOR'S  
LICENSE No. FDE1041083

OCT 5 1987

943270  
Local No. 1869-87

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

600 W. Ridge Rd  
Hobart, In 46342  
Rees Funeral Home  
P.L.C.

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

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE OF  
DEATH  
STATED IN  
PART I

DECEASED—NAME FIRST MIDDLE LAST JAMES EDGAR SNODGRASS				SEX MALE	DATE OF DEATH (MONTH DAY YEAR) OCTOBER 1, 1987
RACE—(e.g. White, Black, American Indian, etc.) WHITE	AGE—Last Birthday (Year) 6a 67	UNDER 1 YEAR 5b MOS DAYS	UNDER 1 DAY 5c HOURS MIN	DATE OF BIRTH (MO. DAY YEAR) 6 MAY 9, 1920	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH 7b HOBART		HOSPITAL OR OTHER INSTITUTION—(Name, street and number) 7c ST. MARY MEDICAL CENTER		IF HOSP OR INSI... DOA 7d INPATIENT	
STATE OF BIRTH (if not in U.S.A.) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) 10 MARRIED	SURVIVING SPOUSE (if wife, give maiden name) 11 BARBARA LEONARD		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Year or Year 12) NO
SOCIAL SECURITY NUMBER 13 310-18-2638		USUAL OCCUPATION (Give kind of work done during most of year if retired) 14a SUPERVISOR		KIND OF BUSINESS OR INDUSTRY 14b U. S. STEEL CORP.	
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c HOBART		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15d 129 NORTH LINDA STREET			INSIDE CITY (Specify Yes or No) 15f YES		
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST 16 EUGENE C. SNODGRASS (DEC)		MOTHER—MAIDEN NAME FIRST MIDDLE 17 IRENE V. JOHNSTON (DEC)			
INFORMANT—NAME (Type in print) RELATIONSHIP 18a BARBARA SNODGRASS WIFE		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 129 NORTH LINDA ST. HOBART INDIANA 46342			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b CALUMET PARK CEMETERY		LOCATION CITY OR TOWN STATE 19c MERRILLVILLE INDIANA	
DATE (MONTH DAY YEAR) 20a OCTOBER 5, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b REES FUNERAL HOME, INC. 600 W. RIDGE RD., HOBART, IN			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) A. J. Krsek M.D.		DATE SIGNED (MO. DAY YEAR) 21b Oct 3, 1987		HOUR OF DEATH 21c 9:55 P M	
NAME OF ATTENDING PHYSICIAN (Type in Print) 21d DR. A. KRSEK		MAILING ADDRESS—PHYSICIAN 21e 10 MICHIGAN AVE. HOBART, IN 46342			
HEALTH OFFICER—SIGNATURE 22a [Signature]				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-5-87	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I, II AND III)					
PART I (a) CARDIAC Failure				Interval between onset and death years	
(b) Arteriosclerotic Heart Disease				years.	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)					
(c) Renal Failure, Diabetes Mellitus				24 AUTOPSY (Specify Yes or No) no	

STATE OF INDIANA  
FILED FOR RECORD  
OCT 5 1987  
46342  
PH 87  
LILLIAN PLASTICK