

Dr. Saw Ne W of C. R. Rowland
 70x165 W. 13 S. 19 T. 34 R 8
 # 7-15-89
 Health Officer

NEWTON COUNTY HEALTH DEPARTMENT
 Morocco, Indiana 47963
 This is a True Copy of the Original Record

FILED
 OCT 16 1987

Anna M. Antonio
 Newton Lake County

TYPE OR PRINT
 PLAINLY, WITH
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 THIS IS A
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 RECORD

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EMBALMER'S NAME Fred Oparka

LICENSE No. FDE1016076

FUNERAL DIRECTOR'S SIGNATURE Fred Oparka

FUNERAL DIRECTOR'S LICENSE No. FDE1016076

FUNERAL DIRECTOR'S LICENSE No. FDE1016076

FUNERAL HOME LICENSE No. FDH3000825

Local No. 943891

MEDICAL CERTIFICATE OF DEATH

State No. _____

1047

DECEASED—NAME 1 Willard Montel Sherck		SEX 2 Male	DATE OF DEATH—MONTH DAY YEAR 3 September 25, 1987
RACE 4 White	AGE 5a 72	DATE OF BIRTH—MONTH DAY YEAR 5b January 6, 1915	COUNTY OF DEATH Newton
CITY, TOWN OR LOCATION OF DEATH 7a Roselawn		HOSPITAL OR OTHER INSTITUTION—Name if not in other part of certificate and number 7c Lake Holiday Nursing Home	IF HOSP OR INST. UNDER DDA OR (Enter Am. Impairment Certificate) 7d N/A
STATE OF BIRTH 8 Iowa	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE 11 Tressa Hartley
SOCIAL SECURITY NUMBER 13 482-03-4083	USUAL OCCUPATION 14a Security Guard	KIND OF BUSINESS OR INDUSTRY 14b Steel Mills	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point	IS RESIDENCE ON A FARM? 15e NO
STREET AND NUMBER 15d 12424 Whitcomb St		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g NO
FATHER—NAME 16 Unavailable		MOTHER—MAIDEN NAME 17 Anna Finney	
INFORMANT—NAME 18a Tressa Sherck (Wife)	RELATIONSHIP (Wife)	MAILING ADDRESS 18b 12424 Whitcomb	CITY OR TOWN STATE ZIP Crown Point, Indiana 46307
BURIAL, CREMATION, REMOVAL OTHER 19a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b Memory Lane	LOCATION 19c Schererville, Indiana	
DATE 20a September 28, 1987	FUNERAL HOME—NAME AND ADDRESS 20b Eller Brady 8510 Lakeshore dr., Cedar Lake, In. 46303		
NAME OF ATTENDING PHYSICIAN 21d Randall Hile M. D.		DATE SIGNED 21b 9/28/87	HOUR OF DEATH 21c 9:47 AM
MAILING ADDRESS—PHYSICIAN 21e Schneider, Indiana			
HEALTH OFFICER—NAME 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 9-30-87	
IMMEDIATE CAUSE PART I (a) Coronary Heart Failure		INTERVAL BETWEEN ONSET AND DEATH	
(b) Chronic Arterial Disease		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS PART II		AUTOPSY (Specify Yes or No) 24 [Signature]	

WILLIAM BLASIK
 L.C. RECORDER

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
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