

S.W.R.R. N of New Lincoln Hwy S.15 T.35 R.9 13-184-3

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Below for State Office Use

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

916444

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 419-8

FUNERAL HOME
No. 496

LICENSE No. 4518

FUNERAL DIRECTOR'S
LICENSE No. 2381

EMBALMER'S NAME
Thomas J. Burns

FUNERAL DIRECTOR'S
SIGNATURE
David J. Burns

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
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED—NAME 1 NINA H. LOWDEN			SEX FEMALE	DATE OF DEATH (Month Day Year) MARCH 12, 1981	
RACE—(e.g. White, Black, American Indian, etc.) 4 White	AGE—Last Birthday (Year) 5a 80	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo. Day Year) 6 JUNE 30, 1900	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b MUNSTER		HOSPITAL OR OTHER INSTITUTION—Name (if none in other, give street and number) 7c COMMUNITY HOSPITAL		IF BORN CRIMINAL 8 INPATIENT	
STATE OF BIRTH (if not in U.S.A. name country) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVOR, SPOUSE (if wife, give her name) 11 DEO LOWDEN	WAS DECEASED IN U.S.A. ARMED FORCES? (Specify date of death) 12 NO	
SOCIAL SECURITY NUMBER 13 304-42-5888 B		USUAL OCCUPATION (Give kind of work done during most of working life, state if casual) 14a HOME MAKER		KIND OF BUSINESS OR INDUSTRY 14b OWN HOME	
RESIDENCE—STATE 16a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c SCHERERVILLE		15 RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 410 E. U.S. 30		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 JOSEPH HOFFMAN		MOTHER—MAIDEN NAME 17 EMMA EBER			
INFORMANT—NAME (Type or print) 18a DEO LOWDEN		MAILING ADDRESS (STREET OR R.F.D. NO.) 18b 410 E. US. #30 SCHERERVILLE, INDIANA 46375			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19 Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Elmwood Cemetery		LOCATION 19c Hammond, Indiana	
DATE (MONTH DAY YEAR) 20 March 14, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b BURNS KISH FUNERAL HOME MUNSTER, IN			
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. 21a (Signature) David M Harvey		DATE SIGNED (Mo. Day Year) 21b 13 Mar 81	HOUR OF DEATH 21c 11:50 AM		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d DAVID M. HARVEY, M.D.		MAILING ADDRESS—PHYSICIAN 21e 716 SEBERGER ST. MUNSTER, IND. 46321			
HEALTH OFFICER—SIGNATURE 22a Pees J. Harvey M.D.			DATE RECEIVED BY LOCAL HEALTH OFFICE 22b 3-16-81		
PART I (a) Cardiac Failure		FILED			
DUE TO OR AS A CONSEQUENCE OF (b) Bleeding Stress Ulcer		OCT 30 1987			
DUE TO OR AS A CONSEQUENCE OF (c) Arthritis (R) Hip		Interval between (a) and (b) 1-2 years			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), or (c) Arthritis (R) Hip		Interval between (b) and (c) 2 days			
24 No		AUDITOR LAKE COUNTY Anna N. Antos			

Disposition Permit Issued / /

Provisional Certificate
 Yes No

ILLIAN BLASTEN
LAKE COUNTY RECORDS
RECORDED
11 24 AM '81