

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

Below for State Office Use

946830

Local No. 1186-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 023

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FILED

NOV 22 1987

Lot 36 in the Dale Carli A BIK 25

FUNERAL HOME LICENSE No. 427
FUNERAL DIRECTOR'S LICENSE No. 2258
James Love
FUNERAL DIRECTOR'S SIGNATURE: J. T. Sheets

DECEASED
USUAL RESIDENCE
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR SINGLE
MARRIAGE, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR SINGLE
MARRIAGE, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR SINGLE

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

| | | | |
|--|----------------------------------|--|---|
| DECEASED - NAME 1 Clara A. Ball | | SEX 2 Female | DATE OF DEATH (MONTH DAY YEAR) 3 June 16, 1984 |
| RACE 4 White | AGE 5a 79 | DATE OF BIRTH (MONTH DAY YEAR) 6 12-10-1904 | COUNTY OF DEATH 7a Lake |
| CITY, TOWN OR LOCATION OF DEATH 7b Crown Point | | HOSPITAL OR OTHER INSTITUTION 7c St. Anthonys Hosp. | IF HOSP. OR INST. (Specify DOA or Time, Am. Inmate, Foreign) 7d Inpatient |
| STATE OF BIRTH 8 Indiana | CITIZEN OF WHAT COUNTRY 9 USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR SINGLE 10 Widowed | WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 No |
| SOCIAL SECURITY NUMBER 13 310 22 8965 D | | USUAL OCCUPATION (Specify if decedent was a farm operator or was in the armed forces) 14a Homemaker | KIND OF BUSINESS OR INDUSTRY 14b Own Home |
| RESIDENCE - STATE 18a Indiana | COUNTY 15b Lake | CITY, TOWN OR LOCATION 15c Lowell | |
| STREET AND NUMBER 15d 231 W. Lakeview Dr. | | IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INSIDE CITY LIMITS (Specify YES OR NO) 15f No |
| IS DECEASED OF SPANISH DESCENT? (If YES, SPECIFY AMERICAN, CUBAN, PUERTO RICAN, ETC.) 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| FATHER - NAME 18 Henry Stavitzke | | MOTHER - MAIDEN NAME 17 Ernestine Demlong | |
| INFORMANT NAME (Specify if Informant) 18a Geroge Ball Son | | RELATIONSHIP 18b Son | MAILING ADDRESS (STREET OR R.D. NO., CITY OR TOWN, STATE, ZIP) 18c 232 W. Lakeview Dr. Lowell, In. 46356 |
| BURIAL, CREMATION, REBURYAL, OTHER DISPOSITION 19a Burial | | CEMETERY OR CREMATORY - FUNERAL HOME 19b Lowell Cemetery | LOCATION - CITY OR TOWN, STATE, ZIP 19c Lowell, Indiana 46007 |
| DATE (MONTH DAY YEAR) 20a 6-16-1984 | | FUNERAL HOME - NAME AND ADDRESS (STREET OR R.D. NO., CITY OR TOWN, STATE, ZIP) 20b Sheets-Love Funeral Home 604 E. Comm. Ave. Lowell, In. | |
| To the best of my knowledge, death occurred at the time, date, place, and due to the cause stated. 21a (Signature) W. A. Misch, M.D. | | DATE SIGNED (MONTH DAY YEAR) 21b 6/19/87 | HOUR OF DEATH 21c 9:45 AM |
| NAME OF ATTENDING PHYSICIAN (Type as Printed) 21d W.A. Misch M.D. | | | |
| MAILING ADDRESS - PHYSICIAN 21e 13963 Morse Cedar Lake, In. 46303 | | | |
| HEALTH OFFICER - SIGNATURE 22a | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6-16-84 | |
| 73 IMMEDIATE CAUSE (PART I) (a) Acute Renal An. Dure | | Interval between onset and death 2 weeks | |
| (b) Chronic Glomerulosclerosis | | Interval between onset and death 5 years | |
| (c) OTHER SIGNIFICANT CONDITIONS (Conditions contributory to death should be reported in this space - PART I) Hypertension, Atherosclerotic Heart | | Interval between onset and death | |
| PART II | | AUTOPSY (Specify Type or Not) 24 No | |

SBH 06-003 State Form 35480
REV 10/77

NORTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lafayette, Indiana 47905
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RECORDER
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