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JOHNSON'S J.W. 1ST ADDITION
L.I.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH OF FILE WITH THE LAKE COUNTY HEALTH DEPT. **DEC 14 1986**

EMBALMER'S NAME *William K. Wilson* License No. *10088*

FUNERAL DIRECTOR'S SIGNATURE *[Signature]* License No. *2012*

DECEASED *[Signature]*

CAUSE *[Signature]*

Local No. *954657 2231-86*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Coroner H. H. Hanesy
30 Memorial St.
Calumet City 60409
State No. _____

DECEASED NAME 1 ELVERA V. NAGEL		SEX 2 Female		DATE OF DEATH (MONTH DAY YEAR) 3 July 18, 1986	
RACE 4 White		AGE 5a 84		DATE OF BIRTH (MONTH DAY YEAR) 6 4-18-1902	
CITY, TOWN OR LOCATION OF DEATH 7a Hobart		HOSPITAL OR OTHER INSTITUTION 7b Miller's Merry Manor		IF HOSP OR INST (Indicate ICA OR Local, Riv, Hospital, Spec, etc) 7c Inpatient	
STATE OF BIRTH 8 IN		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 10 Married	
SOCIAL SECURITY NUMBER 11 314-16-5900		SUPPORTING SPOUSE (Indicate name) 12 Albert F. Nagel		WAS DECEDENT EVER IN U.S. ARMED FORCES? 13 NO	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 14a IN 14b Lake		USUAL OCCUPATION (Indicate if not usual during illness or death if not of record) 14c Cashier		KIND OF BUSINESS OR INDUSTRY 14d A & P Grocery	
CITY, TOWN OR LOCATION 15a Hobart		STREET AND NUMBER 15b 101 North Michigan Avenue		IS RESIDENCE ON A FARM? 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY (Indicate YES or NO) 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FATHER - NAME (FIRST MIDDLE LAST) 17 Charles Blank, (dec.)	
MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 18 Ida Johnson, (dec.)		INFORMANT NAME (Type or print) RELATIONSHIP 19a Albert F. Nagel, (Husb.)		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN) 19b 101 North Michigan Avenue, Hobart, IN 46342	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 20a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 20b Chesterton Cemetery		LOCATION (CITY OR TOWN) 20c Chesterton, IN	
DATE (MONTH DAY YEAR) 21a July 21, 1986		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 21b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-0488		DATE SIGNED (MONTH DAY YEAR) 21c 7-21-86	
HOUR OF DEATH 21d 2:45 a.		NAME OF ATTENDING PHYSICIAN (Type or Print) 22a JOHN REED M.D.		MAILING ADDRESS - PHYSICIAN 22b 10 North Michigan Avenue, Hobart, Indiana 46342	
HEALTH OFFICER - SIGNATURE 23a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 23b 7/22/86		INTERVAL BETWEEN ONSET AND DEATH 24 IMMED	
PART I (a) ACUTE CARDIO PULMONARY ARREST		DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
PART I (b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE		DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
PART II DIABETES MELLITUS		OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not stated to cause death in PART I)		AUTOPSY (Specify Yes or No) 24 No	

INDIAN BLAST RECORD