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Anna M. Anton
AUDITOR LAKE COUNTY

LICENSE No. FDE1016076

FUNERAL DIRECTOR'S LICENSE No. FDE1016076

EMBALMER'S NAME Fred Oparka

FUNERAL DIRECTOR'S SIGNATURE Fred Oparka

South Shore Aud, Rts 11 thru 17 #24-951 thru 17

954702

Local No. 3081-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

James R. Bielefeld
P.O. Box 717
Cs Pt 46307

State No.

699

DECEASED—NAME (First, Middle, Last) 1 Francis W. Harper	SEX 2 Male	DATE OF DEATH (Month Day Year) 3 November 13, 1987	
RACE (e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE—Last Birthday (Yrs.) 5a 72	UNDER 1 YEAR (Mos, Days) 5b	UNDER 1 DAY (Hours, Mins) 5c
DATE OF BIRTH (Mo. Day Yr.) Sep 27, 1915	COUNTY OF DEATH 7a Lake		
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point	HOSPITAL OR OTHER INSTITUTION—Name (if not in either give street and number) 7c St. Anthony's Medical Center	IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) 7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) 8 Pennsylvania	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Never Married	SURVIVING SPOUSE (If wife, give maiden name) 11
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes			
SOCIAL SECURITY NUMBER 13 322-10-9632	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Chemist	KIND OF BUSINESS OR INDUSTRY 14b Oil Refinery	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Cedar Lake	
STREET AND NUMBER 15d 8108 West 146th Avenue	IS RESIDENCE ON A FARM? 15e YES ☐ NO ☒	INSIDE CITY LIMITS (Specify Yes or No) 15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES ☐ NO ☒			
FATHER—NAME (First, Middle, Last) 16 William Ernest Harper	MOTHER—MAIDEN NAME (First, Middle, Last) 17 Mathilda Donaval		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a William Harper (Br.)	MAILING ADDRESS (Street or R.F.D. No.) 18b 8108 West 146th Ave	CITY OR TOWN, STATE, ZIP Cedar Lake, In. 46303	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b St. Edward"s	LOCATION (City or Town, State) 19c Lowell, Indiana	
DATE (Month Day Year) 20a Nov. 16, 1987	FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 20b Eller Brady 8510 Lakeshore dr., Cedar Lake, In. 46303		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) W. A. Misch, MD	DATE SIGNED (Mo. Day Yr.) 21b 11/17/87	HOUR OF DEATH 21c 8 M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d W. A. Misch, MD.			
MAILING ADDRESS—PHYSICIAN 21e 13963 Mouse St. Cedar Lake, In. 46303			
HEALTH OFFICER—SIGNATURE 22a Paul R. Johnson MD	DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 11/17/87		
23 PART I (a) IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c)) Mr. Respiratory Arrest	Interval between onset and death 14 days		
(b) DUE TO OR AS A CONSEQUENCE OF Probable Cerebral Stenosis	Interval between onset and death 14 days		
(c) DUE TO OR AS A CONSEQUENCE OF	Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Ch. Cardiac Analythemia, Arteriosclerotic Heart Disease	AUTOPSY (Specify Yes or No) 24 No		

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

CAUSE

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

SBH 06-003 State Form 35430
REV.10/77

LILLIAN BLASTICK
LAKE COUNTY RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED
DEC 15 1987
RECORDED

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