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BOHLING'S SHAWNEE TRAIL
UNIT 1 KATS 228 3B
Kugel 13-147-228 3B
Shawnee Hwy 13-123-26

EMBALMER'S NAME: Lawrence Miller

FUNERAL DIRECTOR'S SIGNATURE: *Lawrence Miller*

LICENSE No. FDE 1006015

FUNERAL DIRECTOR'S LICENSE No. FDE 1006015

FUNERAL HOME No. F.D.H.3003035

974681

Local No. 884-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

525

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. MARY C. BOHLING					FEMALE	MAY 3, 1987
RACE - (a) White, Black, American Indian, etc. (Specify)	AGE - (Last Birth Day) (11-12) (13-14)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH	
Caucasian	6a 7:5	5b	5c	8 NOV. 10, 1911	7a LAKE	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - (Name if not an other; give street and number)			IF HOSP. OR INST. Indicate DOA (Sp. Emp. Res. Indications) (Specify)	
7b MUNSTER		7c COMMUNITY HOSPITAL			INPATIENT	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
Indiana	U.S.A.	10 Married	Ervin H. Bohling		12 No (Husb)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life; specify if retired)		KIND OF BUSINESS OR INDUSTRY		
311-18-3861		14a Home maker		14b		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		
18a INDIANA	18b LAKE	18c Schererville		15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)		
19a 433 PONTIAC Rd.		15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15b Yes		
18g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
18g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	
16 George				Adam	17 Sophie Koval	
INFORMANT - NAME (If you or print)		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN	STATE ZIP
18a Ervin Bohling		Husband	18b 433 Pontiac Rd.		Schererville	Indiana 46375
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION		
19a Burial		19b St. Michaels Cemetery		19c Schererville Indiana		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
20a May 7, 1987		20b FAGEN MILLER FUNERAL GARDENS		2828 Highway Ave. Highland, Indiana 46322		
To the best of my knowledge, death occurred at the time, date and place and during the interval stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a (Signature) <i>James B. Walsh</i>		21b 5/4/87		21c 11:35 A		
NAME OF ATTENDING PHYSICIAN (If you or print)		MAILING ADDRESS - PHYSICIAN				
21d JAMES B. WALSH, M.D.		21e 5500 HOHMAN AVE., HAMMOND, IND. 46323				
HEALTH OFFICER - SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER				
22a <i>Charles Johnson</i>		22b 5-7-807				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST		PART I		INTERVAL BETWEEN DEATH AND REPORT TO COUNTY HEALTH DEPARTMENT		
23		(a) Cardiorespiratory arrest		56 AM 7/88		
		(b) Chronic respiratory failure		1/85		
		(c) Severe emphysema		4/85		
PART II OTHER SIGNIFICANT CONDITIONS - Cause and contributing to death but not related to cause given in PART I(a)		24		AUTOPSY (Specify Yes or No)		
Chronic congestive heart failure		NO		NO		

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

FILED

APR 20 1988

Carol N. Dutton
MUNSTER LAKE COUNTY

APR 28

CRIMINAL RECORDS
POLICE DEPARTMENT
FILED FOR RECORDS
LAKE COUNTY
JULIAN A. BLASTICK
RECORDER, LAKE COUNTY

400