

TYPE OR PRINT
PLAINLY IN
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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ALL GEORGE PLATEAU
UNIT #1 ALC 6076
KELLY #187288

Disposition Permit
Issued / /

Provisional
Certificate
 Yes No

EMBALMER'S NAME Ralph Levi

FUNERAL DIRECTOR'S SIGNATURE Leonard Wetmore

FUNERAL HOME

LICENSE No. 853
FUNERAL DIRECTOR'S LICENSE No. 12

Local No. 1184-74

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 2511

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. KETCHELL			V		CRISP	2. Male	3. Nov. 9, 1974	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH			
4. White	5a. 57	5b.	5c.	6. Oct. 25, 1917	7a. Lake			
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Hobart			7c. Yes	7d. Mercy Medical Center			Hobart	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Ohio		9. USA		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Bertha Conn		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 309-09-0297		13a. Merchant Mill		13b. U.S. Steel Gary Works				
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP			
14a. Indiana	14b. Lake	14c. Hobart		14d. Yes	14e. Hobart			
STREET AND NUMBER			14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv. ce)		IS RESIDENCE ON A FARM?			
14f. 1101 W. 10th. St.			Yes		W.W. II		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
15. Luther				Crisp	16. Ruth		A. Jarrell	
INFORMANT—NAME			RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
17a. Bertha Crisp			17b. Wife	17c. 1101 W. 10th. St. Hobart, Ind.				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18.		IMMEDIATE CAUSE <i>Cardiogenic Shock with</i>					Apr 28 1988	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(a) <i>Acute Anterolateral Myocardial Infarction</i>					5 hours	
		(b) <i>Acute Coronary Occlusion</i>					FILED	
		(c)					RECORDED	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH, NOT RELATED TO CAUSE			AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES WERE FORBIDDEN IN DETERMINING CAUSE OF DEATH		
					19a.	INDIANA 46307		
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH DAY YEAR	
20.		Nov	9	1974	2:50	Antone	Nov 12 1974	
PHYSICIAN'S NAME (TYPE OR PRINT)		LAST IN ATTENDANCE			SIGNATURE OF PHYSICIAN		PHY. NO.	
22a. John T. Scully, M.D.					22b. [Signature]		46307	
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP		
23. 6111 Harrison Street		Merrillville		Ind.		46410		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN	STATE		
24a. Burial		24b. Graceland Cemetery		24c. Valparaiso	Indiana			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. Nov. 12, 1974		25a. Wetmore Funeral Home 104 Roosevelt Rd. Valparaiso, Ind.						
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER						
25b. [Signature]		26a. [Signature]				26b. Nov. 13, 1974		

LAKE COUNTY HEALTH OFFICER

FILED

APR 28 1988

LILLIAN A. BLASTICK
LAKE COUNTY HEALTH OFFICER