Keen 25-185-5, 6, 7+8 Brock 11, Shrile's add. Cedurathe Plut & 3 Williams and 5, 6, 7+8 Brock 11, Shrile's add. Cedurathe Plut & 3 Williams and 1227-75-16 Se of INDIANA STATE BOARD OF HEALTH Local No. 1227-75 992302 MEDICAL CERTIFICATE OF DEATH PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS HIDDLE DATE OF DEATH (MONTH, DAY, YEAR). Ernest AGE-LAST BIRTHDAY (YEARS) Irvine Male UNDER I YEAR November 24, UNDER I DAY DATE OF BIRTH MOS. DAYS White (MONTH, DAY, 2/27/05 7a. HOURS COUNTY OF DEATH 5a. 70 CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND HUMBER) INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. Crown Point DECEASED STATE OF BIRTH (IF NOT IN U.B.A., CITIZEN OF WHAT COUNTRY St. Anthony Hospital MARRIED MINEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE HAIDEN NAME) USUAL RESIDENCE 8. Indiana WHERE DECEASED U.S.A. SOCIAL SECURITY NUMBER LIVED. IF DEATH MIDOMED [] USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING KIND OF BUSINESS OR INDUSTRY DIVORCED [] Ola Robinson OCCURRED IN INSTITUTION, GIVE MOST OF WORKING LIFE EVEN IF RETIRED) 12. 303-07-5185 RESIDENCE BEFORE RESIDENCE-STATE ADMISSION. Construction CITY, TOWN OR LOCATION 1136. 140.Indiana INSIDE CITY LIMITS Lake 10WNSHIP Cedar Lake (ERECIFY KES ON HO) STREET AND NUMBER Center 14g. WAS DECEASED EVER IN U. S. ARMED FORCES?
[Yes, no, or Hosnown] (If yes, give war or dales of service) 141 14418 Windsor Place IS RESIDENCE ON A FARM? FATTER-NAME FIRST PARENTS MOTHER-MAIDEN NAME Unknown by informant RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Mrs. Ola Irvine 17Wife 17c, 14418 Windsor Place, Cedar Lake, Ind. PART I. DEATH WAS CAUSED BY. [ENTER ONLY ONE CAUSE PER LINE FOR [o], [b], AND [c]] IMMEDIATE CAUSE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cardiogenic shock CONDITIONS, IF ANY, DUE TO, OR AS A CONSEQUENCE OF: Less than 5 hours WHICH GAVE RISE TO IMMEDIATE CAUSE (A) Acute myocardial infarction AUG 15 1988 STATING THE UNDER. LYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF Less than 1 week Chronic obstructive lung disease

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LAKE COUNTY TEALTH COMMISSIONER BURIAL, CREMATION, REMOVAL \_\_ CEMETERY, CREMATORY, FUNERAL HOME Crown Point, Indiana LOCATION Burial CITY OR TOWN 246. Plum Grove DISPOSITION (MONTH, DAY, YEAR) FUNERAL HOME-NAME AND ADDRESS Lowell, Indiana (STHEET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24d. Nov. 26, 1975 250. Eller Brady Funeral Home 8510 Lake Shore, Cedar Lake, Ind. 46303 HEALTH OFFICER-SIGNATURE Peter Stecy, M.D. 113.3

DATE RECEIVED BY LOCAL HEALTH OFFICER

26b November 25, 1975