

992338

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 99984

State No. \_\_\_\_\_

FUNERAL HOME

No. 427

FUNERAL DIRECTOR'S

No. 2258

FUNERAL DIRECTOR'S SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

1 DECEASED - NAME FIRST MIDDLE LAST <b>Christian Krebs</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>5-22-1984</b>
4 RACE (e.g. White, Black, American Indian, etc.) <b>White</b>	5a AGE (Last birthday) <b>86</b>	5b UNDER 1 YEAR 5c UNDER 1 DAY DATE OF BIRTH (Mo. Day Yr.) <b>1-26-1898</b>	7a COUNTY OF DEATH <b>Lake</b>
7b CITY, TOWN OR LOCATION OF DEATH <b>Lowell</b>		7c HOSPITAL OR OTHER INSTITUTION (Name, full street address, give street and number) <b>248 West Washington</b>	
8 STATE OF BIRTH (e.g. U.S.A., Foreign Country) <b>Germany</b>	9 CITIZEN OF WHAT COUNTRY <b>USA</b>	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Martha Pino</b>
13 SOCIAL SECURITY NUMBER <b>304-40-3222</b>		14a USUAL OCCUPATION (Last kind of work done during most of working life, specify if retired) <b>Retiree</b>	14b KIND OF BUSINESS OR INDUSTRY <b>Globe Industries</b>
15a RESIDENCE - STATE <b>Indiana</b>	15b COUNTY <b>Lake</b>	15c CITY, TOWN OR LOCATION <b>Lowell</b>	
15d STREET AND NUMBER <b>248 West Washington</b>		15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f INSIDE CITY LIMITS OR NOT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16 FATHER - NAME FIRST MIDDLE LAST <b>John Krebs</b>		17 MOTHER - MAIDEN NAME FIRST MIDDLE <b>Katherine Findling</b>	
18a INFORMANT - NAME (Type or Print) RELATIONSHIP <b>Martha Krebs Wife</b>		18b MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>248 West Washington Lowell, Indiana 46356</b>	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE <b>German Methodist Cemetery Cedar Lake, Indiana</b>	
20a DATE (MONTH DAY YEAR) <b>5-24-1984</b>		20b FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <b>Sheet Love Funeral Home 604 E. Comm. Lowell, In. 46356</b>	
21a To the best of my knowledge, death occurred at the time, date and place and due to the (Cause listed) <b>John Krebs</b>		21b DATE SIGNED (Mo. Day, Yr.) <b>May 24, 1984</b>	21c HOUR OF DEATH <b>12:07 p.m.</b>
21d NAME OF ATTENDING PHYSICIAN (Type or Print) <b>John Kencos M.D.</b>		21e MAILING ADDRESS - PHYSICIAN <b>9495 Keilman St. St. John, Indiana 46373 Anton</b>	
22a HEALTH OFFICER - SIGNATURE <i>Charles Anton</i>		22b DATE RECEIVED BY LOCAL HEALTH OFFICER <b>5-30-84</b>	
23 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
PART I (a) IMMEDIATE CAUSE <b>Hepatic insufficiency</b>		Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF <b>Metastatic adenocarcinoma of the prostate</b>		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF <b>Urinary tract infection</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I):		24 AUTOPSY (Specify Yes or No) <b>2/00</b>	