

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF
DEATH ON FILE WITH THE LAKE COUNTY
HEALTH DEPT. MAY 20 1984

992338

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. *6779-84*

FUNERAL HOME
No. 427

90

LICENSE No.

James M. Love

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

LICENSE No. 2258

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

DECEASED NAME 1 Christian Krebs		SEX Male	DATE OF DEATH (MONTH DAY YEAR) 5-22-1984
RACE 4 White	AGE (MONTHS YEARS) 52 86	DATE OF BIRTH (MONTH DAY YEAR) 5-1-26-1898	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Lowell		HOSPITAL OR OTHER INSTITUTION 7c 248 West Washington	IF HOSP. OR INST. (P. 1-10) (P. 1-10) (P. 1-10)
STATE OF BIRTH 8 Germany	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE (NAME AND ADDRESS) 11 Martha Pino
SOCIAL SECURITY NUMBER 13 304-40-3222		USUAL OCCUPATION 14a Retiree	KIND OF BUSINESS OR INDUSTRY 14b Globe Industries
RESIDENCE STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Lowell	INSIDE CITY LIMITS (P. 1-10) (P. 1-10) (P. 1-10)
STREET AND NUMBER 15d 248 West Washington		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (P. 1-10) (P. 1-10) (P. 1-10)
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME (LAST FIRST MIDDLE) 16 John Krebs		MOTHER - MAIDEN NAME (LAST FIRST MIDDLE) 17 Katherine Findling	
SPOUSE - NAME (LAST FIRST MIDDLE) RELATIONSHIP 18a Martha Krebs Wife		MAILING ADDRESS (STREET OR R.D. NO. CITY OR TOWN STATE ZIP) 18b 248 West Washington Lowell, Indiana 46356	
BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b German Methodist Cemetery	LOCATION - CITY OR TOWN STATE 19c Cedar Lake, Indiana
DATE (MONTH DAY YEAR) 20a 5-24-1984		FUNERAL HOME - NAME AND ADDRESS (CITY OR TOWN STATE ZIP) 20b Sheet Love Funeral Home 604 E. Comm. Lowell, In. 46356	
NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT) 21a John Kencos M.D.		DATE SIGNED (MONTH DAY YEAR) 21b May 24, 1984	HOUR OF DEATH 21c 12:07 p.m.
MAILING ADDRESS - PHYSICIAN 21a 9495 Keilman St. St. John, Indiana 46373		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 5-30-84	
HEALTH OFFICER - SIGNATURE 22a <i>Charles J. ...</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 5-30-84	
PART I IMMEDIATE CAUSE (STATE PROMPTLY CAUSE PERTAINING TO PART I) 23 (a) Hepatic insufficiency Due to OR AS A CONSEQUENCE OF (b) Metastatic adenocarcinoma of the prostate Due to OR AS A CONSEQUENCE OF (c) Urinary tract infection			
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)		AUTOPSY (Specify Yes or No) 24	

LILLIAN A. BLUSTON
STATE OF INDIANA
LAKE COUNTY
46307

2/00