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LICENSE No. FDE1005912

EMBALMER'S NAME Ronald J. Mesarch

FUNERAL HOME
No. FDH300776

FUNERAL DIRECTOR'S
LICENSE No. FDE1041740

FUNERAL DIRECTOR'S
SIGNATURE *Martin*

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 Kathleen W. Shults		SEX Female	DATE OF DEATH (MONTH DAY YEAR) July 9, 1987
RACE—(Specify White, Black, American Indian, etc.) 4 White	AGE—(List Month and Day) 5a 75	UNDER 1 YEAR 5b UNDER 1 DAY 5c	DATE OF BIRTH (Mo. Day Yr.) 6-28-1912
CITY, TOWN OR LOCATION OF DEATH 7b Gary		COUNTY OF DEATH Lake	
HOSPITAL OR OTHER INSTITUTION—(Name if not in other part, street and number) 7c 4540 Jackson Street		IF HOSP OR INST. Indicate Date of Entry, Discharge, and Institution (Specify) 7d	
STATE OF BIRTH (If not in U.S.A. Name Country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Widowed	SURVIVING SPOUSE (If wife give maiden name) 11
SOCIAL SECURITY NUMBER 13 304-40-7326		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Social Worker	KIND OF BUSINESS OR INDUSTRY 14b Gary School System
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	
STREET AND NUMBER 15d 4540 Jackson Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE (Specify) OR NOT 15f
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 16 Charles H. Weightman		MOTHER—MAIDEN NAME 17 Gertrude W. White	
INFORMANT—NAME (Type or Print) RELATIONSHIP 18a Dr. Miriam L. Hathaway/ Friend		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 4540 Jackson Street, Gary, Indiana 46408	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Entombment		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE 19b Calumet Park Cemetery 19c Merrillville, Indiana	
DATE (MONTH DAY YEAR) 20a July 14, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, In. 46410	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>William W. Forgey</i>		DATE SIGNED (Mo., Day, Yr.) July 10, 1987	HOUR OF DEATH 21c 2:30 P.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d William W. Forgey, M.D.			
MAILING ADDRESS—PHYSICIAN 21e 1000 E. 80th Place, Merrillville, Indiana 46410			
HEALTH CARE PROVIDER'S SIGNATURE 22a <i>James J. ...</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUL 10 1987	
IMMEDIATE CAUSE 23a metastatic ovarian cancer		IF ONLY ONE CAUSE PLEASE CHECK () 23b James M. Anton	
PART I 23c due to OR AS A CONSEQUENCE OF		Interval between onset and death 2 years	
(b) due to OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) due to OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II 24 No		AUTOPSY (Specify Yes or No) 24 No	

LILLIAN A. BLASIK
 RECORDER, LAKE COUNTY,
 INDIANA
 GROWN POINT INDIANA 46307
 STATE OF INDIANA'S
 LAKE COUNTY
 FILED FOR RECORD
 AUG 15 1987
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File

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HEALTHY COPY

James T. Redick, Jr.
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE JUL 10 1987