

Lot 32 + 1/2 Lot 31, Skokie, Lowell,
Lake Co., IN. Key 14-50-32

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

UNLESS STAMPED ON REVERSE
State
No.

Local No. 68-33-996510

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Fred			Hepp			2. male	3. 6-29-68			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH				
4. white		5a. 65	5b.		6. 12-1-02	7a. La Porte				
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)							
7a. Westville		7c. no	7d. Beatty Memorial Hospital							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Indiana		9. USA		10. married		11. Louise???				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY					
12. 350 34 1800		13a. retired postman			13b. post office					
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP				
14a. Indiana		14b. Lake	14c. Lowell		14d. yes	14e. not known				
STREET AND NUMBER						IS RESIDENCE ON A FARM				
14f. 315 S. Nichols St.						14g. YES <input type="checkbox"/>				
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST				
15. Joseph Hepp						15. Elizabeth???				
INFORMANT—NAME			RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Medical Record Department			17b. Medical Record		17c. Beatty Memorial Hospital Westville, Indiana					
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN DEATH AND				
IMMEDIATE CAUSE						BY				
(a) Coronary Occlusion						18. 11 AM '68				
(b) DUE TO, OR AS A CONSEQUENCE OF						19. 11 AM '68				
(c) DUE TO, OR AS A CONSEQUENCE OF						19. 11 AM '68				
PART II. OTHER SIGNIFICANT CONDITIONS (GIVEN IN PART I. A.)						CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
19a. yes						19b. yes		19a. yes	19b. yes	
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED (MONTH, DAY, YEAR)					
20a. 8:30 p.m.		20b. June 29, 1968			21. July 1, 1968					
CERTIFIER NAME (TYPE OR PRINT)					SIGNATURE		(DEGREE OR TITLE)			
22a. J. W. Matthew, M.D.					22b. [Signature]					
MAILING ADDRESS—CERTIFIER					CITY OR TOWN		STATE		ZIP	
23. Beatty Memorial Hospital					Westville		Indiana		46391	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME			LOCATION		CITY OR TOWN		STATE	FUNERAL HOME NUMBER
24a. Burial		24b. St. Edwards Cemetery			24c. Lowell Ind					437
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
24d. 7-2-68		25a. Sheets Funeral Home 604 E Commercial Ave Lowell Ind								
FUNERAL DIRECTOR—SIGNATURE					HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER			
25b. [Signature]					26a. James W. [Signature]		26b. 7-3-68			

5346

LICENSE No.

2258

FUNERAL DIRECTOR'S LICENSE No.

FILED
SEP 7
CAUSE
Auditor
AUDITOR LAKE COUNTY

RECORDED
SEP 10 1968
FILED
SEP 10 1968
WILLIAM A. BLASTICK
LAKE COUNTY
INDIANAPOLIS, INDIANA 46307

Skokie Rt 32 + 1/2 Rt 31 #10-50-32 356

ISSUED

MAY 23 1988

THE PHOTO ON THE REVERSE SIDE
IS A TRUE COPY OF THE RECORD OF
REGISTRATION ON FILE WITH THE
LA PORTE COUNTY HEALTH DEPARTMENT.

James J. ...
HEALTH OFFICER