

Lot 32 & S $\frac{1}{2}$ Lot 31, Skokie, Lowell,
Lake Co., IN. Key #4-50-32

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

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE.

Local No. 68-33-996510

State
No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

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, LTC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. white			5a. 65		5b.		6. 12-1-02	7a. LaPorte
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)	
3. Indiana			9. USA		10. married		11. Louisa???	
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION			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			15. RESIDENCE ON FARM? CROWN POINT, INDIANA 46307					
14f. 315 S. Nichols St.			14g. YES <input type="checkbox"/>					
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	LAST
15. Joseph Hepp						15. Elizabeth???		
INFORMANT—NAME			RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, AND 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 PATH	
IMMEDIATE CAUSE		04 AM '68	
(a) Coronary Occlusion		FILED	
DUE TO, OR AS A CONSEQUENCE OF		RECORDED	
(b)		INDEXED	
DUE TO, OR AS A CONSEQUENCE OF		46307	
(c)		BLASTICK	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		COUNTY	
19a. yes		INDIANA	
AUTOPSY (YES OR NO)		46307	
19b. yes		FILED	
IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?		RECORDED	
19c. yes		INDEXED	

DEATH OCCURRED (HOUR)		THE DECEDENT WAS PROLONGED DEAD			DATE SIGNED (MONTH, DAY, YEAR)		
20a. 8:30 pm.		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. Fourth St		491	
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			

Skokie Rt 32 + S $\frac{1}{2}$ Rt 31

#10-50-32

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SBH 6-24-2

LICENSE No. 5346
FUNERAL DIRECTOR'S LICENSE No. 7258