

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

Below for State Office Use

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THIS IS A TRUE AND
CORRECT COPY OF THE
CERTIFICATE OF DEATH
AS FILED WITH THE LAKE
COUNTY HEALTH DEPT.

Key # 13-98-5
Scherer wife Marie
L. 5 64.4

FA-1909

Local No. **915-82**

015725

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

RETURN TO:
FIRST AMERICAN TITLE INS. CO.
6265 COMMERCE DR. SUITE I
STATE GROWN POINT, IN 46307
No.

FUNERAL HOME
No. **303**

717

LICENSE No.

FUNERAL DIRECTOR'S
LICENSE No. **1322**

EDWARD J. McLANEY

FUNERAL DIRECTOR'S
SIGNATURE *Edward J. McLANEY*

DECEASED

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

PARENTS

POSITION

M.D.
D.O.

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

CAUSE

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		VICTOR	JOHN	KEILMAN	MALE	JUNE 9, 1982	
RACE - (to a White, Black, American Indian, etc. (Specify))	AGE - Last Birthday (Year)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Yr.)	COUNTY OF DEATH
4 WHITE	5a 64	5b	5c	6 AUG. 31, 1917		LAKE	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name if not in either give street and number)		IF HOSP. OR INST. (Indicate BDA (IP, L, or B), Hospital, Specify)	
7b CROWN POINT				7c ST. ANTHONY HOSPITAL		7d INPATIENT	
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 her name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Years)
8 IND.	9 U.S.A.		10 MARRIED		11 MARIE DENNETT		12 NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life years if retired)			KIND OF BUSINESS OR INDUSTRY		
13 306-10-7919		14a SUPERVISOR			14b SCHOOL, CITY OF HAMMOND		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION				IS RESIDENCE ON A FARM?	
15a IND.	15b LAKE	15c SCHERERVILLE				15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER				IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		15e CITY LIMITS (Specify Yes or No)	
15d 120 NORTH ROAD						15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST
16		MICHAEL		KEILMAN	17		MARY
INFORMANT - NAME (Type or Print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN	
18a MARIE KEILMAN		WIFE		18b 120 NORTH RD. SCHERERVILLE, IND. 46321		18c	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION	
19a BURIAL				19b CHAPEL LAWN MEMORIAL GARDENS		19c SCHERERVILLE	
DATE (MONTH DAY YEAR)				FUNERAL HOME - NAME AND ADDRESS		(STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)	
20a JUNE 12, 1982				20b FAGEN-MILLER FUNERAL GARDENS		20c HIGHLAND, IND. 46307	
To the best of my knowledge, death occurred at the time, date and place and due to the (Cause) stated					DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH
21a <i>Woodward Fleeter M.D.</i>					21b 6/14/82		21c 11:40 AM
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d CONRADO P. CASTOR, M.D.							
MAILING ADDRESS - PHYSICIAN							
21e 9250 Columbia Ave. MANDER, INDIANA 46321							
HEALTH OFFICER - SIGNATURE <i>Edw. J. McLANEY M.D.</i>						DATE RECEIVED BY LOCAL HEALTH OFFICER	
						22b 6-15-82	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
(a) <i>Cardio-respiratory Arrest</i>						Interval between onset and death	
(b) <i>Myocardial Infarction</i>						Interval between onset and death	
(c) <i>Coma</i>						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)						AUTOPSY (Specify Yes or No)	
						24 NO	

SBH 06-003 State Form 35430
REV. 10/77

Conrad P. Castor
AUDITOR LAKE COUNTY

RECORDS
MAY 11 11 45 AM '82
DALE KANE
ILLIAN A. BRESTEK
LAKE COUNTY, IN
46322

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