

446323 Pl. 405
 Albert Martin
 3212-86
 State Highway 132
 No.

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

TYPE OR PRINT
 PLAINLY, WITH
 UNFADING INK
 THIS FILED
 PERMANENT
 RECORD

086650
 Social No.

3212-86

FEB 27 1988

Help for State Office Use

TYPE OR PRINT IN PERMANENT INK FOR DISTRICTS SEE HANDBOOK

HOME PHONE 750

EMERALD HOME 750

LICENSE No. 1617

EMBALMER'S NAME Edgar Gleim

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

lots 14-23, Blk 9, Ridgewood Add, Sping. rd N15th Street,
 and also one 40 ft Miller Ave adj on south N15 2/00

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

IN DISTRICTS WHERE DEATH IS REPORTED TO THE HEALTH DEPARTMENT BY THE PHYSICIAN, THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE RECORDER OF DEATHS.

DECEASED

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

PARENTS

DISPOSITION

M. D. OR D. O.

CONTINUING OR IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE (SEE INSTRUCTIONS)

CAUSE

DECEASED NAME 1 Carolyn J. Green		SEX 2 Female	DATE OF DEATH 3 Dec. 14, 1986
RACE 4 White	AGE 5 49	DATE OF BIRTH 6 Aug. 5, 1937	COUNTY OF DEATH 7 Lake
CITY, TOWN OR LOCATION OF DEATH 8 Highland		HOSPITAL OR OTHER INSTITUTION 9 3145 44th St.	
STATE OF BIRTH 10 Indiana	CITIZEN OF WHAT COUNTRY 11 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 12 Married	CONJUGAL SURVIVOR 13 Bill Green
SOCIAL SECURITY NUMBER 14 312-34-3508		USUAL OCCUPATION 15 Home Maker	KIND OF BUSINESS OR INDUSTRY 16 Own Home
RESIDENCE STATE 17 Indiana	CITY 18 Lake	CITY, TOWN OR LOCATION 19 Highland	IS DECEASED (ON A FARM) 20 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
FATHER'S NAME 21 James Woods		MOTHER'S NAME 22 Ollie Martin	RESIDENCE STATE 23 Indiana
RELATIONSHIP 24 HUS.		ADDRESS 25 3145 44th St.	CITY, TOWN 26 Highland, Indiana
DISPOSITION 27 Burial		CEMETERY OR CREMATORY - FUNERAL HOME 28 Memory Lane Cemetery	LOCATION 29 Schererville, Indiana
DATE 30 Dec. 17, 1986		FUNERAL HOME - NAME AND ADDRESS 31 Kulper Funeral Home 9039 Kleinman Rd. Highland, Indiana	
NAME OF ATTENDING PHYSICIAN 32		DATE SIGNED 33 12-15-86	HOUR OF DEATH 34 7:15 PM
ADDRESS 35 4321 Franklin E. Chicago - MD 46312		DATE RECEIVED BY LOCAL HEALTH OFFICER 36 12-16-86	
IMMEDIATE CAUSE 37		CONTINUING OR IMMEDIATE CAUSE 38	
PART I 39 Progressive Hepatic Encephalopathy		DURATION OF ILLNESS 40 30 days	
PART II 41 Progressive Hepatic Metastasis From		DURATION OF ILLNESS 42 2 years	
PART III 43 Adeno Carcinoma of Colon		DURATION OF ILLNESS 44	



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

CHICAGO TITLE INSURANCE COMPANY
 INDIANA DIVISION

00141

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