

TYPE OR PRINT
MAINLY WITH
FADING INK
THIS IS A
PERMANENT
RECORD

For State Use

John A. Eskridge
 EMBALMER'S NAME
 3563
 LICENSE No.
 2023
 FUNERAL DIRECTOR'S LICENSE No.
 W2 SW Dr A. 5 T. 32 R. 8200
 # 3-5-19

092718

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

Ernest M Tyler
 2003 W 203rd Ave
 Lowell State No. 16356

Local No. 653-69

SBH 113-3

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. EFFIE MAE TYLER		2. Female			3. December 10, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) Mo. 7d	UNDER 1 YEAR Mo. 5d.	UNDER 1 DAY Hours 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 12 27 1895	COUNTY OF DEATH Lake County
CITY, TOWN, OR LOCATION OF DEATH 7b. Lowell		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. No	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. 2203 West 203rd Avenue			
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.
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, RESIDENCE BEFORE ADMISSION 12. LD 304-40-6522		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Homemaker		KIND OF BUSINESS OR INDUSTRY 13b. Home		
RESIDENCE—STATE COUNTY 14. Ind. Lake County		CITY, TOWN OR LOCATION 14b. Lowell		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14c. No		TOWNSHIP 14e. Cedar Creek
FATHER—NAME FIRST MIDDLE LAST 15. Charles Roe		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Melvina Yeates		IS RESIDENCE ON A FARM? 14f. No		
INFORMANT—NAME 17a. Charles Tyler		RELATIONSHIP 17b. Son		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 2203 West 203rd Avenue, Lowell, IN		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE		(a) Myocardial Infarction		DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE, LAST		(b) Coronary Occlusion		Immediate		
CAUSE		(c) Arteriosclerotic Heart Disease		5 years		
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO) 19. No		
DEATH OCCURRED (HOUR) 20a. 3:30 PM		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR 20b. December 10 1969		DATE SIGNED (MONTH, DAY, YEAR) 21a. December 11, 1969		
CERTIFIER—NAME (TYPE OR PRINT) 22a. Robert W. King, M.D.		SIGNATURE 22b. Robert W. King, M.D.		(DEGREE OR TITLE)		
MAILING ADDRESS—CERTIFIER 23. RR 1 Box 6		STREET OR R.F.D. NO.		CITY OR TOWN Cedar Lake		STATE Indiana
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. Lowell Cemetery		LOCATION CITY OR TOWN STATE 24c. Lowell Indiana		FUNERAL HOME NUMBER 426
DATE (MONTH, DAY, YEAR) 24d. 12-13-1969		FUNERAL HOME—NAME AND ADDRESS 25a. Eskridge Funeral Home 707 E. Commercial Avenue, Lowell IN		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. December 12, 1969		
FUNERAL DIRECTOR—SIGNATURE 25b. John A. Eskridge		HEALTH OFFICER—SIGNATURE 26a. A. F. Grogline, M.D.				

NOT ORIGINAL!
 This Document is the property of
 the Lake County Recorder!
 FILED
 APR 0 1990
 STATE OF INDIANA, S.S. NO. LAKE COUNTY
 FILED FOR REC'D
 APR 2 4 07 PM '69
 ROBERT W. KING
 REC'D

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