

MAE GRUNSTRON

3433 - 173rd St. LAWSING, IN. 60438

TYPE OR PRINT

PLAINLY WITH UNFADING INK

THIS IS A PERMANENT RECORD

Below for State Office Use

A _____
 B _____
 C _____
 D _____
 E _____
 F _____

27-344-30
 Lake side / at Add. Lot 32
 LAKE COUNTY, INDIANA

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

EMBALMER'S NAME James M. Love

FUNERAL DIRECTOR'S SIGNATURE *Caroline A. Jumper*

FUNERAL HOME No. 750

FUNERAL DIRECTOR'S LICENSE No. 94

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

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

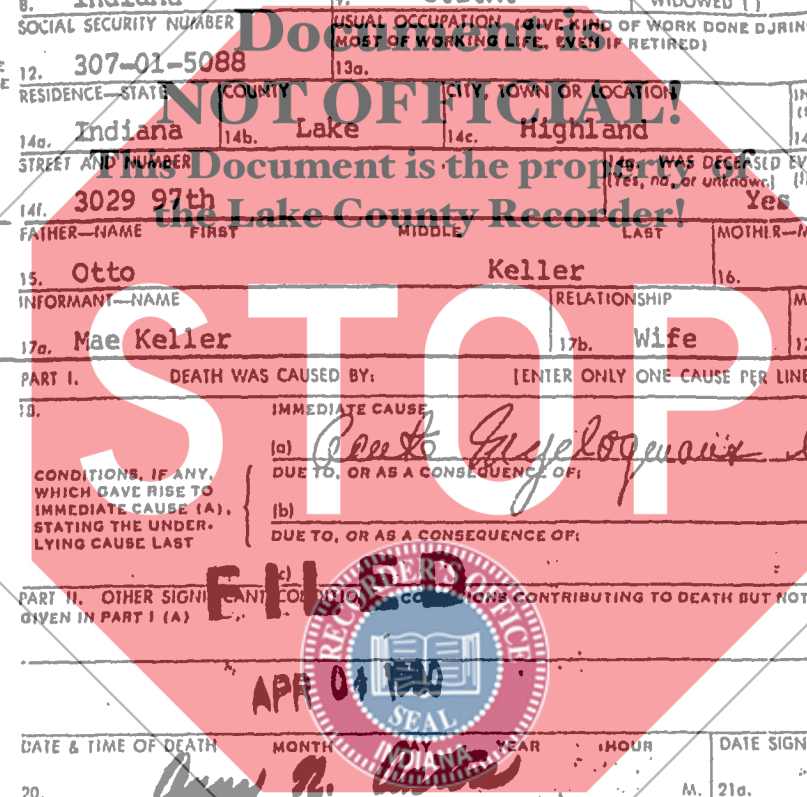
CAUSE OF DEATH
 M. D. O.
 D. O.

DISPOSITION

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1. Joseph Keller			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 6-22-74	
RACE 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 56	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 10-7-1917	COUNTY OF DEATH 7a. Lake
CITY, TOWN, OR LOCATION OF DEATH 7b. Hobart		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Hobart; Mercy Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Mae Berkman	
SOCIAL SECURITY NUMBER 12. 307-01-5088		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a.		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. Indiana	COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Highland		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	TOWNSHIP 14e. North
STREET AND NUMBER 14f. 3029 97th		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		15. RESIDENCE ON A FARM? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
FATHER—NAME FIRST MIDDLE LAST 15. Otto Keller		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Mary Krok		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 3028 97th Highland, Ind. 46322	
INFORMANT—NAME 17a. Mae Keller		RELATIONSHIP 17b. Wife			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
IMMEDIATE CAUSE (a) Acute Myelogenous Leukemia				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) (c)				AUTOPSY: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH 20. June 22, 1974				DATE SIGNED MONTH DAY YEAR June 26, 1974	
PHYSICIAN'S NAME (TYPE AND LAST IN ATTENDANCE) 22a.		SIGNATURE OF PHYSICIAN 22b. <i>[Signature]</i>		PHY. CODE NO.	
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. Chapel Lawn		LOCATION CITY OR TOWN STATE 24c. Schererville, Indiana	
DATE (MONTH, DAY, YEAR) 24d. 6-26-74		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Kuiper Funeral Home 9039 Kleinman Rd. Highland, Ind. 46322			
HEALTH OFFICER—SIGNATURE 25b. <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. June 26, 1974			



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