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

Below for State Office Use

A
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THIS CERTIFIES THE FACTS STATED HEREIN TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

EMBALMER'S NAME Edgar C. Gleim LICENSE No. 1617

FUNERAL DIRECTOR'S SIGNATURE [signature] FUNERAL DIRECTOR'S LICENSE No. 2750

Authorization let 13th and Rt 55 #1 Box 335 Schererville IN 46375 DATE 11/5 1985

093995

Local No. 208785

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Blackmun 9006 Dudley Highland 46322

State No.

TYPE OR PRINT IN PERMANENT INK WITH INSTRUCTIONS IN HANDBOOK

DECEASED

1. DECEASED—NAME (First, Middle, Last): Robert D. Lang
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 11/3/85
4. RACE: Caucasian
5a. AGE (Last Birthday): 63
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH: 1/24/22
7. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Munster
7c. HOSPITAL OR OTHER INSTITUTION: Community Hospital
7d. IF HOSP. OR INST. (DOA, Emergency Room, Inpatient, Outpatient): Inpatient
8. STATE OF BIRTH: Illinois
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Catherine (Cato) Lang
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES WW-II
13. SOCIAL SECURITY NUMBER: 336-12-0611
14a. USUAL OCCUPATION: Controller (retired)
14b. KIND OF BUSINESS OR INDUSTRY: Pullman Standard Corp

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

15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Highland
15d. STREET AND NUMBER: 3413 43rd Street
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16. FATHER—NAME (First, Middle, Last): Daniel Lang
17. MOTHER—MAIDEN NAME (First, Middle, Last): Angela Skibbie

DISPOSITION

18. INFORMANT—NAME (Type or print) / RELATIONSHIP / MAILING ADDRESS (Street or R.D. No., City or Town, State, Zip): Catherine Lang (Spouse) — 3413 43rd. Street Highland, Indiana 46322
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY / FUNERAL HOME: Oakland Memory Lane Crematory
19c. LOCATION (City or Town, State): Dolton, Illinois
20a. DATE (Month, Day, Year): 11/5/85
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.D. No., City or Town, State, Zip): Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana

M.D. OR D.O.

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) ▶ Dr Leslie T. Gleim
21b. DATE SIGNED (Mo., Day, Yr.): 11/4/85
21c. HOUR OF DEATH: 10 06 AM '90
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): Dr Leslie T. Gleim
21e. MAILING ADDRESS—PHYSICIAN: 3100 45th Ave Highland, Indiana

22a. HEALTH OFFICER—SIGNATURE: Paul A. Johnson M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 11-5-85

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

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c).)

CAUSE

PART I
(a) CEREBRAL ANOXIA — Interval between onset and death: MINUTES
due to, or as a consequence of
(b) CARDIAC FAILURE — Interval between onset and death: MINUTES
due to, or as a consequence of
(c) MYOCARDIAL INFARCTION — Interval between onset and death: MINUTES

PART II
OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in PART I(a): EMPHYSEMA
24. AUTOPSY (Specify Yes or No): No

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

STATE OF INDIANA, S.S. NO. LAKE COUNTY, FILED FOR RECORD APR 10 06 AM '90 ROBERT FREELAND RECORDER

4.00 CK

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