

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
K _____
L _____
M _____
N _____
O _____
P _____
Q _____
R _____
S _____
T _____
U _____
V _____
W _____
X _____
Y _____
Z _____

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

094971

Local No. 130-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

FUNERAL HOME
No. 300125

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

STATE HEALTH COMMISSIONER

POSITION

M.D.
OR
D.O.

CUMMINGS
IF ALL
WHOLESALE
BIBLICAL
WINDMILL
I AM
STATION
UNDER
CAUSE IS

CAUSE

100520

JAN 21 1986
LICENSE No.

MARTY ANDERSEN

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE
FUNERAL DIRECTOR'S LICENSE No. 200366

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH, MONTH DAY YEAR	
SUE A. PETERS					FEMALE	JANUARY 19, 1986	
RACE (to be filled in by the informant)	AGE - Last Birthday (Year)	USUAL RESIDENCE (Street, City, Town, State, ZIP)		DATE OF BIRTH (Month Day Year)		COUNTY OF DEATH	
WHITE	55	210 OAK STREET, CROWN POINT, INDIANA		9-16-1930		LAKE	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name of institution and street address if applicable)		IF HOSP OR INST (Indicate Date of Admission and Discharge)	
MERRILLVILLE				METHODIST HOSPITAL SOUTHLAKE CAMPUS		INPATIENT	
STATE OF BIRTH (to be filled in by the informant)	CITIZEN OF WHAT COUNTRY	MARRIAGE STATUS (Indicate date of marriage, divorce, or annulment)		SURVIVING SPOUSE (Name and address)		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Year or Years)	
INDIANA	U.S.A.	MARRIED		HAROLD PETERS		NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Specify kind of work done during most of working life, except if retired)		KIND OF BUSINESS OR INDUSTRY		STATE OF INDIANA (Specify Year or Years)	
309-30-8027		HOUSEWIFE		AT HOME		LAKE COUNTY	
RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Year or Years)	
INDIANA	LAKE	CROWN POINT		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER		IS DECEASED OF SPANISH DESCENT? (If yes, specify Mexican, Puerto Rican, Cuban, etc.)		FATHER - NAME (First, Middle, Last)		MOTHER - MAIDEN NAME (First, Middle, Last)	
210 OAK STREET		NO		OWEN FLEMING		VIOLET INGRAM	
RELATIONSHIP		MAILING ADDRESS (Street, City, Town, State, ZIP)		CITY OR TOWN		STATE	
HAROLD PETERS HUSBAND		210 OAK STREET, CROWN POINT, INDIANA 46307		CROWN POINT		INDIANA	
BURIAL, CREMATION, REMOVAL, OTHER (Specify date)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION		CITY OR TOWN	
BURIAL		CHAPEL LAWN MEMORIAL GARDENS		SCHERVILLE, INDIANA		INDIANA	
DATE (Month Day Year)		FUNERAL HOME - NAME AND ADDRESS (Street, City, Town, State, ZIP)		DATE SIGNED (M, Day, Year)		HOUR OF DEATH	
JANUARY 22, 1986		GEISEN FUNERAL HOME, INC., 109 N. EAST ST., CROWN POINT, IN 46307		JAN - 20 - 1986		7:26 P. M.	
NAME OF ATTENDING PHYSICIAN (Type or Print)		DATE RECEIVED BY LOCAL HEALTH OFFICER		HOUR OF DEATH		M	
BERNARDO SAAVEDRA, M.D.		1-21-86		7:26 P. M.		M	
MAILING ADDRESS - PHYSICIAN		HEALTH OFFICER'S SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		HOUR OF DEATH	
9010 CONNECTICUT DRIVE, MERRILLVILLE, INDIANA 46410		[Signature]		1-21-86		7:26 P. M.	
HEALTH OFFICER'S SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		HOUR OF DEATH		M	
[Signature]		1-21-86		7:26 P. M.		M	
CAUSE		PART I (Indicate as a contributing cause)		PART II (Indicate as a contributing cause)		PART III (Indicate as a contributing cause)	
Metastatic brain tumor		Increased intracranial pressure		Carcinoma of lung with metastatic bleeding		H.00	
Carcinoma of lung with metastatic bleeding		Carcinoma of lung with metastatic bleeding		Carcinoma of lung with metastatic bleeding		c	