

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

095784

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Robert Oates  
101 W. 75th Place  
State Ill.  
No. 11-110

Local No. 74-1130

PERMANENT INK  
SEE INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Janice Rhenwick F. 9-20-74

RACE AGE—LAST BIRTHDAY (YEAR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH COUNTY OF DEATH

2. B 36 30 30 9-6-37 LAKE

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN BIRTH, GIVE STREET AND NUMBER)

3. GARY YES Urean

7a. STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED OR NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NUMBER)

7b. Illinois U.S. Widowed Eugene

8. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF DECEASED LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

9. Illinois U.S. Widowed Eugene

10. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

11. IND LAKE GARY YES Urean

12. STREET AND NUMBER (GIVE FULL ADDRESS) (IF DECEASED OVER 10 U.S. ARMED FORCES (IF YES, GIVE YEAR OR DATES OF SERVICE)) IS RESIDENCE ON A FARM?

13. 1605 Del. Mt. NO

PARENTS

14. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

14. Robert Gorden Mabel Shoemaker

15. INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (GIVE FULL ADDRESS, CITY, TOWN, STATE, ZIP)

15. Eugene Rhenwick Husband 1605 Del. Mt.

PART I. DEATH WAS CAUSED BY... (ENTER ONLY ONE CAUSE FOR LINE FOR (a), (b), AND (c))

16. IMMEDIATE CAUSE (a) Status Epilepticus

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) APR 18 1990

(c) None

PART II. OTHER SIGNIFICANT CAUSES OR CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO IMMEDIATE CAUSE (GIVEN IN PART I.)

Hypertensive Cardiovascular Disease

Morbid Obesity

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

70. September 20 1974 M 71a. September 24 1974

72a. SIGNATURE OF PHYSICIAN (GIVE FULL ADDRESS, CITY, TOWN, STATE, ZIP) PHY. CODE NO.

72a. Charles D. Williams 46407

72b. MAILING ADDRESS—PHYSICIAN (GIVE FULL ADDRESS, CITY, TOWN, STATE, ZIP)

72b. 4600 25th Avenue Gary Indiana

DISPOSITION

73a. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE (MONTH, DAY, YEAR) 73b. CEMETERY, CREMATORY, FUNERAL HOME 73c. LOCATION CITY OR TOWN STATE, ZIP

73a. Burial 9-25-74 73b. Greggson Road 73c. Hubert Ind

74. HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

74. [Signature] OCT 9 1974

Below for State Office Use

FUNERAL HOME No. 233

FUNERAL DIRECTOR'S LICENSE No. 657

EMBALMER'S NAME [Signature]

FUNERAL DIRECTOR'S SIGNATURE [Signature]

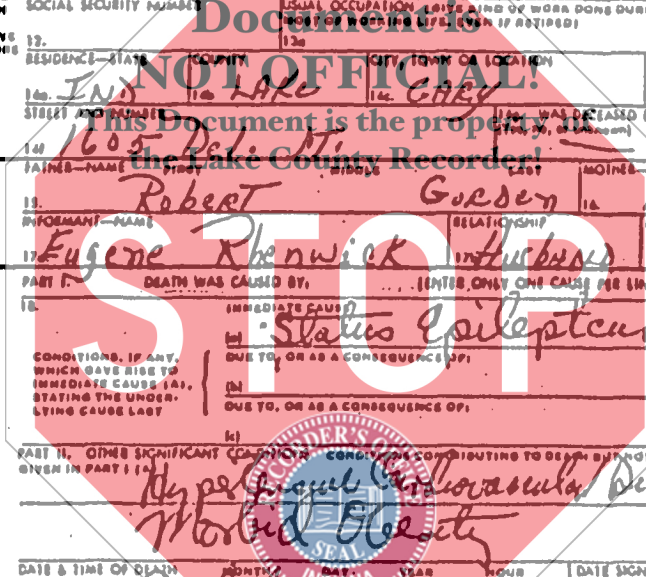
EXHIBITER'S NAME [Signature]

DISPOSITION PERMIT ISSUED 1/1

PROVISIONAL CERTIFICATE Yes No

KEY # 47-202-27

Washington Park Sub  
L27 El. 1



FILED

STATE OF INDIANA  
LAKE COUNTY

OCT 9 1974  
400

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**STOP**



**HEALTH COMMISSIONER**

**CITY OF GARY, IND.**

**DATE APR 1 1986**