

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

Below for State Office Use

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Disposition Permit Issued	1/1
Provisional Certificate	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMBALMER'S NAME Robert P. Geisen

LICENSE No. 1413

FUNERAL DIRECTOR'S SIGNATURE *Robert P. Geisen*

LICENSE No. 367

KEY # 9-314-85 PT. NE. SW. S. 5 T. 34 R. 8 - 1444 (47X130 FT.)

FUNERAL HOME No. 125

096098

Local No. 634

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST JUNE HEISTERBERG			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 9 25 69		
1. RACE 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 49	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOUR MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 12-1-1919		COUNTY OF DEATH 7a. Lake
CITY, TOWN, OR LOCATION OF DEATH 7b. East Chicago			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Catherine Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana		CITIZEN OF WHAT COUNTRY USA		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Robert C.		
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 12. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION Indiana Lake Crown Point		SOCIAL SECURITY NUMBER 12a.		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12b. Housewife		11. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> STATE OF INDIANA FILE NO. APR 19 1969
STREET AND NUMBER 14. 712 N. Court St.			INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	TOWNSHIP 14e. Center	13. IS RESIDENCE ON A FARM? (YES, NO, OR UNKNOWN) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FATHER—NAME FIRST MIDDLE LAST 15. ROSS A Thompson			MOTHER—MAIDEN NAME FIRST (MIDDLE) LAST 16. Rose Martzel			17. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) no
INFORMANT—NAME 17a. Robert C. Heisterberg			RELATIONSHIP 17b. Husband			18. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 712 N. Court St. Crown Point, Ind. 46307
PART I. DEATH WAS CAUSED BY, (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
18. IMMEDIATE CAUSE						
(a) <i>Memoria</i>						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <i>Pinnaled - Stroke in brain</i>						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) <i>Heart attack</i>						
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I						
<i>Diabetes Mellitus</i>						
<i>Hypertension</i>						
<i>Heart Disease</i>						
<i>Stroke</i>						
DATE & TIME OF DEATH MONTH DAY YEAR HOUR 9 25 09 7:00 PM						
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. <i>Robert P. Geisen, M.D.</i>				DATE SIGNED 21a. 9 26 69		
MAILING ADDRESS—PHYSICIAN 22b. <i>109 N. East St. Crown Point, Ind.</i>				SIGNATURE OF PHYSICIAN 21b. <i>Robert P. Geisen</i>		
BURIAL, CREMATION, REMOVAL (SPECIFY) 23. <i>Burial</i>				CEMETERY, CREMATORY, FUNERAL HOME 24b. <i>Maplewood Cemetery</i>		LOCATION 24c. <i>Crown Point, Indiana</i>
DATE (MONTH, DAY, YEAR) 24d. <i>Sept. 27 1969</i>				FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. <i>Geisen Funeral Home, Inc. 109 N. East St. Crown Point, Ind. 46307</i>		
HEALTH OFFICER—SIGNATURE 25b. <i>E. A. Campagna, M.D.</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 26. <i>September 26-1969</i>		

SBH 6-24-2

001214

FILED

APR 19 1969

4.00