

Left 17-34-35

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Sec 2-35-8, LC 8

CP 447296 7D

096517

Local No. 75-1063

INDIANA STATE BOARD OF HEALTH  
HEALTH OFFICER'S CERTIFICATE OF DEATH

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

① 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 \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

CHICAGO TITLE INSURANCE COMPANY  
INDIANA DIVISION

EMBALMER'S NAME Cornelius Kuiper

LICENSE No. 1451

FUNERAL DIRECTOR'S LICENSE No. 94

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

1. Don A. Conrad M 10/23/75

FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S/CORONER'S HANDBOOK.

2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White

3. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. 40 40 40 6/18/35 Lake

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

6. Gary Yes 7d. Mercy Hospital

7a. DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

7b. Indiana U.S.A. 10. Married 11. Mary Ann Ruzich

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

9. 313-34-4390 13a. Automobile Salesman/Owner 13b. Automobile

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

11. Indiana Lake Merrillville 14d. 14b.

12. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: 14c. 7340 Gibson Street 15. RESIDENT OF A FARM?

13. 14e. 14f. 14g. YES  NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Elwood Glenn Conrad 16. Helen Beach

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Mary Ann Conrad 17b. Wife 17c. 7340 Gibson St., Merrillville, In.

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACS OF 1949 SECTION 1225; AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: 18a. Myocardial Infarction Massive

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR 18a, 18b, AND 18c)

(a) IMMEDIATE CAUSE Myocardial Infarction Massive

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

18. PART II. OTHER SIGNIFICANT CONDITIONS

19a. AUTOPSY YES OR NO NO

19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH NO

CERTIFICATION—HEALTH OFFICER

James T. Hedrick, Jr. James T. Hedrick, Jr.

20. I (DID, DID NOT) VIEW THE BODY AFTER DEATH: I did not

DEATH OCCURRED AT MONTH DAY

21a. M. 21b. 10/23 1975 AT 12:14p.

CERTIFIER AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE STATED:

(TYPE OR PRINT HEALTH OFFICER'S NAME AND SIGN)

21c. James T. Hedrick, Jr., M.D.

MAILING ADDRESS STREET OR R.F.D. NO. CITY TOWN STATE ZIP DATE SIGNED

21d. 1429 Virginia Street Gary, Indiana 46407 21e. 10/24/75

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER

22a. Burial 22b. Ross Cemetery 22c. Merrillville, Indiana 750-200

BURIAL—DATE MO. DAY YEAR FUNERAL HOME—NAME FUNERAL HOME ADDRESS

22d. 10/25/75 22e. Kuiper 22f. 9039 Kleinman Rd., Highland, Ind

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY HEALTH OFFICER MONTH DAY YEAR

23c. Cornelius Kuiper 24a. James T. Hedrick, Jr. 24b. OCT 24 1975

Disposition Permit Issued 1/1

Provisional Certificate  Yes  No



FILED

APR 19 1990

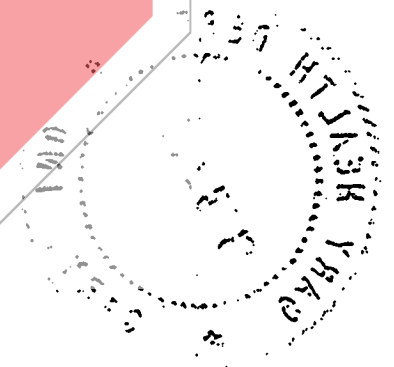
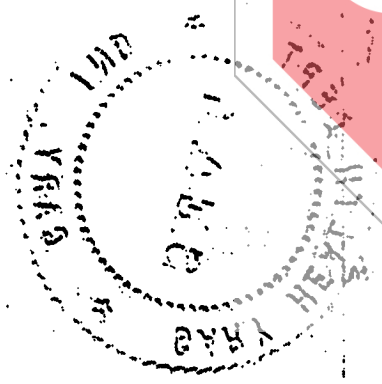
RECORDED  
INDEXED  
OCT 24 1975

929000



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**STOP**



*James T. [Signature]*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE OCT 24 1975