

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

Below for State Office Use

THIS CERTIFIES THE FOLLOWING IS A TRUE AND
COMPLETE COPY OF DEATH ON FILE WITH THE
HAMMOND HEALTH DEPARTMENT.

Carole
#33-223-30
Date Issued
11/24/80

Disposition Permit Issued / /
Provisional Certificate
 Yes No

EMBALMER'S NAME: *Michael H. Goril*

FUNERAL DIRECTOR'S SIGNATURE: *Michael H. Goril*

FUNERAL DIRECTOR'S LICENSE No. *405*

FUNERAL HOME No. *285*

007175

Local No. *183*

TYPE OR PRINT
PERMANENT
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

001598

DECEASED—NAME 1 RUTH LOBDELL		SEX F	DATE OF DEATH MONTH DAY YEAR 3-9-80
RACE White	AGE 80	DATE OF BIRTH MONTH DAY YEAR 7-15-1899	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION—name & no. or other appropriate number St. Margaret Hospital	IF HOSP OR INST name & no. or other appropriate number Inpatient
STATE OF BIRTH Indiana	CITIZEN OF USA	MARRIED Married	SURVIVING SPOUSE name & no. or other appropriate number John Lobdell
SOCIAL SECURITY NUMBER 306-10-0412	USUAL OCCUPATION Clerk	KIND OF BUSINESS OR INDUSTRY Goldblatts	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	STREET AND NUMBER 3351 Kenwood
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
FATHER—NAME Charles Winrow	MOTHER—MAIDEN NAME Minnie Earle	INFORMANT—NAME (Type or Print) Shirley Mathews	
Mailing Address 6331 Kentucky Hammond, Indiana 46323		BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
Cemetery or Crematory—Funeral Home Calumet Park Cemetery		LOCATION Merrillville, Indiana	
DATE (MONTH, DAY, YEAR) March 12, 1980		Funeral Home—Name and Address O.J. Huber Funeral Home-722-165th St. Hammond, Ind. 46324	
To the best of my knowledge death occurred at the place date and time stated and due to the causes stated <i>W. V. Hehemann</i>		DATE SIGNED (Mo., Day, Yr.) 3/11/80	HOUR OF DEATH 3/9/80 8²⁵ P M
NAME OF ATTENDING PHYSICIAN (Type or Print) W. V. Hehemann, M.D.		MAILING ADDRESS—PHYSICIAN 7905 Calumet Av., Munster, Ind. 46321	
HEALTH OFFICER—Signature <i>Shirley Mathews</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER MAR 12 1980	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) Congestive Heart Failure DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death 3 Months	
(b) Hypertensive and Arteriosclerotic Heart Disease DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death 8-10 years	
(c) Anemia OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Chronic diffuse hypochromic hypochromia		Interval between onset and death 1 1/2	
PART II		AUTOPSY (Specify Yes or No) No	