

TYPE OR PRINT
PLAINLY, WITH
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THIS IS A
PERMANENT
RECORD

Below for State Office Use

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EMBALMER'S NAME
Bernard E. Libtle

FUNERAL DIRECTOR'S
SIGNATURE
LARRY B. FITTLE

FUNERAL HOME
No. 126
LICENSE No. 338
FUNERAL DIRECTOR'S
LICENSE No. 22

Local No. 2-87
434872 no
#4736

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Jim B. Brown
126 1/2 South Main St
Crown Point, IN 46307
State No.

DECEASED NAME Bessie B. Gunder		SEX Female		DATE OF DEATH Month Day Year January 4, 1987	
RACE White	AGE 94	US BIRTH YEAR Nov. 13, 1892	COUNTY OF DEATH Lake		
CITY TOWN OR LOCATION OF DEATH Crown Point		HOSPITAL OR OTHER INSTITUTION St. Anthony's Medical Center		IF HOSP. OR INST. ... Inpatient	
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED	SPOUSE		WAS DECEDENT EVER IN U.S. ARMED FORCES? No
SOCIAL SECURITY NUMBER 317-36-8923		USUAL OCCUPATION Teacher	KIND OF BUSINESS OR INDUSTRY Music		
RESIDENCE STATE Indiana	COUNTY Lake	CITY TOWN OR LOCATION Crown Point	RESIDENCE IN A FAMILY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXAN, CUBAN, PUERTO RICAN, ETC.					
FATHER NAME Charles E. Black		MOTHER MAIDEN NAME Loretta Steward			
INFORMANT NAME (Type or Print) Gerald Black Jr./nephew		RELATIONSHIP	MAILING ADDRESS 1125 Bunker Hill Ct.	CITY OR TOWN Bettendorf, Iowa	STATE 52722
BURIAL CREATION REMOVAL (Type or Print) Removal		CEMETERY OR CREMATORIUM Indiana Anatomical Board		LOCATION Indianapolis, IN	
DATE (Month Day Year) January 5, 1987		FUNERAL HOME NAME AND ADDRESS Little Funeral Home		STREET 811 E. Franciscan Dr.	CITY OR TOWN Crown Point, IN 46307
NAME OF ATTENDING PHYSICIAN (Type or Print) William N. Hearst		DATE SIGNED Jan 5 1987	HOURS OF DEATH 12:30 A.M.		
MAILING ADDRESS PHYSICIAN 123 N. COURT ST. Crown Point IN 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER 1/5/87			
HEALTH OFFICER - SIGNATURE Charles J. ...					
CONDITIONS IN ANY CASE WHEN GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		IMMEDIATE CAUSE PART I (a) Congestive Heart failure DUE TO OR AS A CONSEQUENCE OF (b) Myocardial infarction with cardiac magaly. DUE TO OR AS A CONSEQUENCE OF (c)		INTERVAL BETWEEN ONSET AND DEATH 1 Hour Years	
OTHER SIGNIFICANT CONDITIONS Aortic aneurysm; mild anemia		AUTOPSY No			

SBH 06-003 State Form 35430
REV 10/77

CHICAGO TITLE INSURANCE COMPANY

CHICAGO TITLE INSURANCE COMPANY

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Lot 1 Elmwood, Crown Point, P.B. 7-26

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