

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

103868

Southtown Estates 1st Add to Highland Lot 12
unit 16 Key # 27-286-12

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 203787

681000

Below for State Office Use

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS - SEE HANDBOOK

FUNERAL HOME
No. FDH300-7500

DECEASED

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

PARENTS

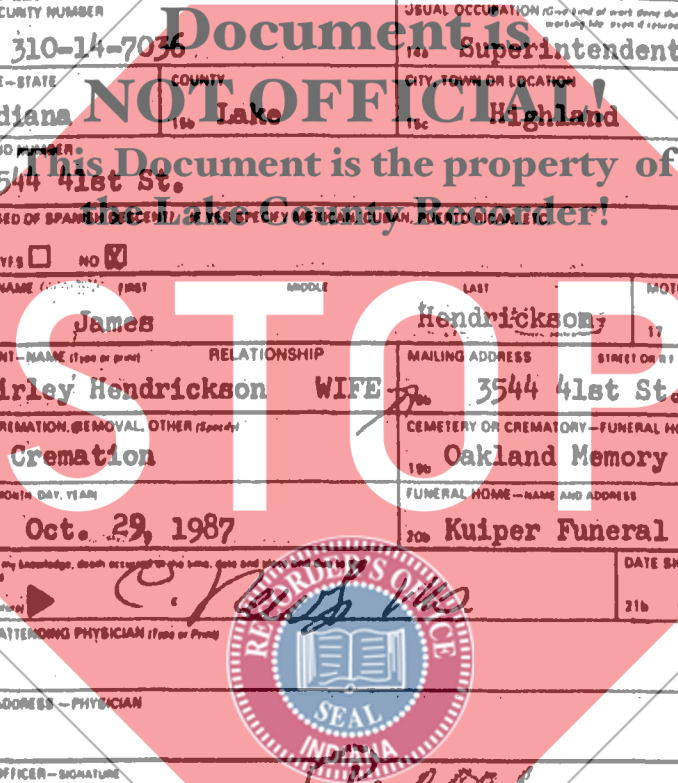
DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED - NAME FIRST: Paul MIDDLE: E. LAST: Hendrickson			SEX Male	DATE OF DEATH (MONTH DAY YEAR) Oct. 27, 1987	
RACE - (e.g. White, Black, American Indian, etc.) White	AGE - Last Birthday (Yrs) 66	UNDER 1 YEAR MOSE: DAYS:	UNDER 1 DAY HOURS: MINS:	DATE OF BIRTH (Mo Day Yr) Dec. 30, 1920	
CITY, TOWN OR LOCATION OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION - (Name of inst. or patient care street and number) The Community Hospital			IF HOSP OR INST. indicate DOA OR (Enter Am. treatment) (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S. a name of country) Miscouri	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If with give maiden name) 11 Shirley Livingston		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yr or M) 12 No
SOCIAL SECURITY NUMBER 13 310-14-7036		USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) 14a Superintendent		KIND OF BUSINESS OR INDUSTRY 14b Electric Co.	
RESIDENCE - STATE 16a Indiana	COUNTY 16b Lake	CITY, TOWN OR LOCATION 16c Highland		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15a 3544 41st St.		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yr or M) 15b Yes	
IS DECEASED OF SPANISH OR PORTUGUESE ORIGIN? 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME (FIRST MIDDLE LAST) 18 James Hendrickson		MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 May Hayes		STATE OF INDIANA FILED JUN 4 1988	
INFORMANT - NAME (Type or print) 19a Shirley Hendrickson		RELATIONSHIP WIFE	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 3544 41st St. Highland, Indiana 47133		ORD
DISPOSITION 19a Cremation		CEMETERY OR CREMATORY - FUNERAL HOME 19b Oakland Memory Lane		LOCATION CITY OR TOWN STATE ZIP 19c Dolton, Illinois 60429	
DATE (MONTH DAY YEAR) 20a Oct. 29, 1987		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana		DATE SIGNED (Mo Day Yr) 21b 10-27-87	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d		MAILING ADDRESS - PHYSICIAN 21e		HOUR OF DEATH 21c	
HEALTH OFFICER - SIGNATURE 22a			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-27-87		
PART I (a) IMMEDIATE CAUSE Metastatic Lung Cancer		PART I (b) DUE TO, OR AS A CONSEQUENCE OF		PART I (c) DUE TO OR AS A CONSEQUENCE OF	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					



FILED

JUN 04 1988

Ronald A. Reed
ALBERT LAKE COUNTY

400

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FDEI001081

EMBALMER'S NAME Ronald A. Reed

FUNERAL DIRECTOR'S LICENSE No. FDEI014511

FUNERAL DIRECTOR'S SIGNATURE
Ronald A. Reed