

INDIANA STATE BOARD OF HEALTH

Local No. ... 1187-90 106238

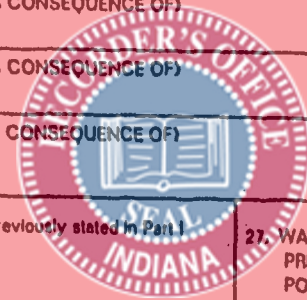
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK
DECEDENT
PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
CERTIFIER
HEALTH OFFICER
CORONER USE ONLY

KEY 27-243-3 JARCHOW'S ADD TO HIGHLAND ALL LOT 3

Form with fields for: 1. DECEASED-NAME (Kenneth C. Arnold), 2. SEX (Male), 3a. TIME OF DEATH (11:30 P.M.), 3b. DATE OF DEATH (June 4, 1990), 4. SOCIAL SECURITY NUMBER (312-18-6310), 5a. AGE (64), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (Nov. 19, 1925), 7. BIRTHPLACE (Evanston, Illinois), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1946), 8c. PLACE OF DEATH (Residence), 9b. FACILITY NAME (2548 Clough Street), 9c. CITY, TOWN, OR LOCATION OF DEATH (Highland), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Hazel Hamblin), 12a. DECEASED'S USUAL OCCUPATION (Data Processor), 12b. KIND OF BUSINESS/INDUSTRY (American Maze), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Highland), 13d. STREET AND NUMBER (2548 Clough Street), 13e. ZIP CODE (46322), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEASED'S EDUCATION (Elementary/Secondary), 18. FATHER'S NAME (Emil Arnold), 19. MOTHER'S NAME (Caroline Lubeck), 20a. INFORMANT'S NAME (Hazell Arnold), 20b. MAILING ADDRESS (2548 Clough St. Highland, IN 46322), 20c. Relationship (Spouse), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (June 8, 1990, Calumet Park Cemetery), 21c. LOCATION (Merrillville, Indiana), 22a. EMBALMERS NAME (Edgar C. Gleim), 22b. EMBALMERS LICENSE NO. (FDO1016173), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR (C.A. Kuiper), 24b. LICENSE NUMBER (FDO1014511), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home, 9039 Clefman Rd., Highland, IN 46322), 26. PART I. IMMEDIATE CAUSE (CANCER OF BRAIN AND LUNG), 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Daniel B. Thomas, M.D., Coroner), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (16120), 29d. DATE SIGNED (June 5, 1990), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Daniel B. Thomas, M.D., Coroner, 2293 North Main St., Crown Point, IN 46307), 31. HEALTH OFFICER'S SIGNATURE (Daniel B. Thomas), 32. DATE FILED (JUN 5 1990), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. PLACE OF INJURY, 34e. LOCATION, 34g. DATE PRONOUNCED DEAD (June 4, 1990), 34h. MOTOR VEHICLE ACCIDENT? (No), 34i. SIGNATURE AND TITLE OF CORONER (Daniel B. Thomas, Auditor Lake County), 400



Signature of Paul Johnson, Lake County Health Commissioner

FILED JUN 14 1990

Signature of Daniel B. Thomas, Auditor Lake County