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INDIANA STATE BOARD OF HEALTH

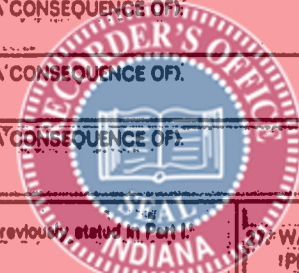
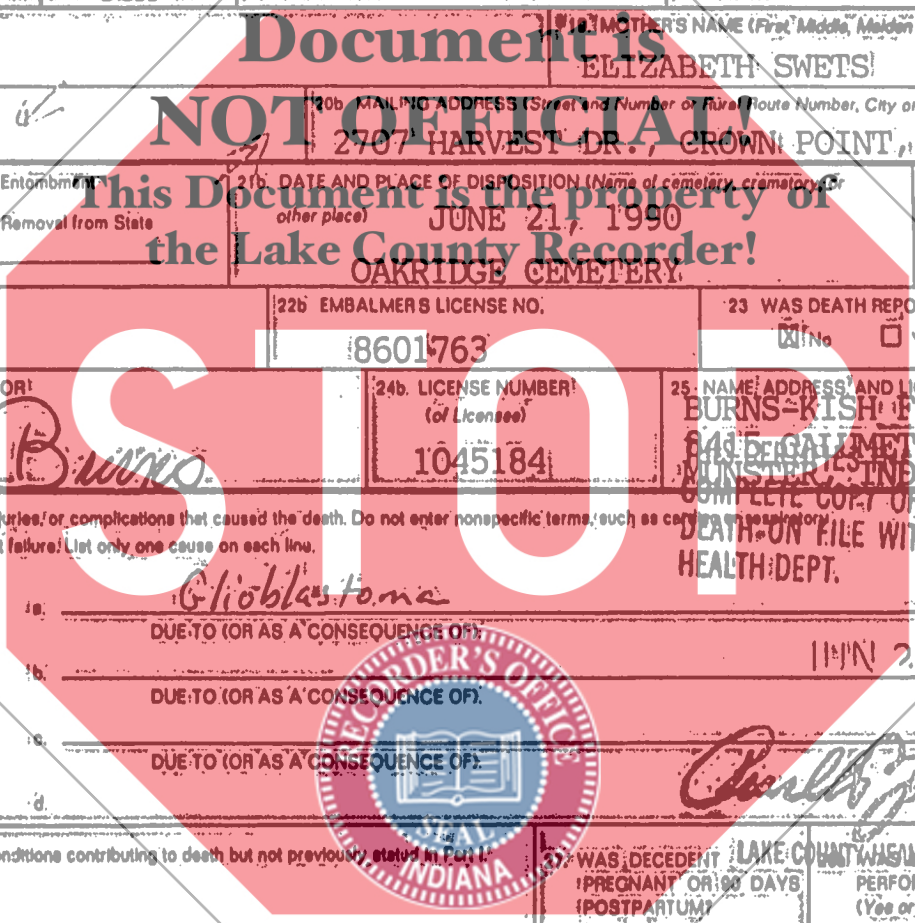
CERTIFICATE OF DEATH

State No.

Local No. 1310-90

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

Form with fields: 1. DECEASED—NAME (First, Middle, Last) GARRIT HARTKOORN; 2. SEX MALE; 3a. TIME OF DEATH 2:30 a.m.; 3b. DATE OF DEATH (Month, Day, Yr) JUNE 19, 1990; 4. SOCIAL SECURITY NUMBER 352-24-8967; 5a. AGE—Last Birthday (Years) 64; 5b. UNDER 1 YEAR; 5c. UNDER 1 DAY; 6. DATE OF BIRTH (Mo, Day, Yr) NOVEMBER 16, 1925; 7. BIRTHPLACE (City and State or Foreign Country) S. HOLLAND, ILL.; 8a. WAS DECEDENT A U.S. VETERAN? YES; 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1947; 9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL: X Inpatient; 9b. FACILITY NAME (If not institution, give street and number) ST. ANTHONY HOSPITAL; 9c. CITY, TOWN, OR LOCATION OF DEATH CROWN POINT; 9d. COUNTY OF DEATH LAKE; 10. MARITAL STATUS (Specify) MARRIED; 11. SURVIVING SPOUSE (If wife, give maiden name) MARY FAGOT; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) RETIRED—SUPERINTENDENT; 12b. KIND OF BUSINESS/INDUSTRY MORRISON CONSTRUCTION; 13a. RESIDENCE—STATE INDIANA; 13b. COUNTY LAKE; 13c. CITY, TOWN, OR LOCATION CROWN POINT; 13d. STREET AND NUMBER 2707 HARVEST DRIVE; 13e. ZIP CODE 46307; 13f. INSIDE CITY LIMITS; 13g. ON A FARM; 14. CITIZEN OF WHAT COUNTRY? USA; 15. WAS DECEDENT OF HISPANIC ORIGIN? No; 16. RACE—American Indian, Black, White, etc. (Specify) WHITE; 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 YRS; 18. FATHER'S NAME (First, Middle, Last) ARIE HARTKOORN; 19. MOTHER'S NAME (First, Middle, Maiden Surname) ELIZABETH SWETS; 20a. INFORMANT'S NAME (Type/Print) MARY HARTKOORN; 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2707 HARVEST DR., CROWN POINT, IND. 46307; 20c. Relationship WIFE; 21a. METHOD OF DISPOSITION: X Burial; 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JUNE 21, 1990 OAKRIDGE CEMETERY; 21c. LOCATION—City or Town, State LANSING, ILL.; 22a. EMBALMER'S NAME BRIAN BURNS; 22b. EMBALMER'S LICENSE NO. 8601763; 23. WAS DEATH REPORTED TO CORONER? No; 24a. SIGNATURE OF FUNERAL DIRECTOR Thomas J. Burns; 24b. LICENSE NUMBER (of Licensee) 1045184; 25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURNS-RISH, E. H. #3004968-0, 643 DECATUR AVE, MUNCIE, IND. 47304; 26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Glioblastoma; 26. PART II. Other significant conditions; 27. WAS DECEDENT PREGNANT OR 90 DAYS (POSTPARTUM) (Yes or no); 28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no); 29a. CERTIFIER (Check only one) HEALTH OFFICER; 29b. SIGNATURE AND TITLE OF CERTIFIER R. Drasga; 29c. MEDICAL LICENSE NO. 01031484; 29d. DATE SIGNED (Month, Day, Year) June 21, 1990; 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. R. DRASGA, 8127 MERRILLVILLE, MERRILLVILLE, IND.; 31. HEALTH OFFICER'S SIGNATURE Carl Pharo; 31. DATE FILED (Month, Day, Year) JUN 21, 1990; 33. MANNER OF DEATH X Natural; 34a. DATE OF INJURY (Month, Day, Year); 34b. TIME OF INJURY; 34c. INJURY AT WORK? (Yes or no); 34d. DESCRIBE HOW INJURY OCCURRED FILED; 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify); 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State); 34g. DATE PRONOUNCED DEAD (Month, Day, Year); 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.



Reg # 13-455-9 Harvest Manor Unit 1 - Sec. 4 Lot 128
Reg # 13-298-26 Harvest Manor Unit 1 Sec. 3 Lot 106

DEC 17 1990

David R. Antonio
AUDITOR LAKE COUNTY

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