

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.

Spencer D. J. Jernandez
Hammond Health Commissioner
Feb 22, 1991
Date issued

Disposition Permit Issued / /
Provisional Certificate
 Yes No

EMBALMER'S NAME: *Ronald A. Reed*
LICENSE No. 108
FUNERAL DIRECTOR'S SIGNATURE: *James P. Slemons*
LICENSE No. 1536

FUNERAL HOME No. 750

Local No. **490**

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME 1. Lora Mae Grimmatt			SEX 2. Female	DATE OF DEATH MONTH, DAY, YEAR 3. June 21, 1979
RACE—No. 8. White	AGE—Last Birthday (Yrs.) 9a. 63	UNDER 1 YEAR 10a. Married	UNDER 1 DAY 10b. Donald Grimmatt	DATE OF BIRTH (Mo., Day, Yr.) 6. 3-6-1916
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond		HOSPITAL OR OTHER INSTITUTION—Name if not on other page street and number 7c. 7331 Chestnut		IF HOSP OR INST. (Indicate DCA, CP, Emer. Res., Inpatient, Security) 7d. Residence
STATE OF BIRTH if not in U.S.A. (Specify Country) a. Kentucky	CITIZEN OF WHAT COUNTRY b. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Last Yr.) 10. Married	SURVIVING SPOUSE if with give maiden name 11. Donald Grimmatt	WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yr or Mo) 12. No
SOCIAL SECURITY NUMBER 13. 306-36-9568		USUAL OCCUPATION (Give kind of work done during most of working life, year if retired) 14a. Home Maker	KIND OF BUSINESS OR INDUSTRY 14b. —	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond	STATE OF INDIANA 15d. Lake	
STREET AND NUMBER 16a. 7331 Chestnut		IS RESIDENCE ON A FARM? 15e. NO	INSIDE CITY LIMITS (Specify Yr or Mo) 16. Yes	
IF DECEASED OF SPANISH DESCENT IF YES SPECIFY MEDICAL, CLEAN, PUERTO RICAN, ETC. 17a. NO				
FATHER—NAME 18. Felix Neighbors		MOTHER—MAIDEN NAME 17. Francis Unavailable		
INFORMANT—NAME (Type or Print) 19a. Donald Grimmatt		RELATIONSHIP 19b. —	MAILING ADDRESS 19c. 7331 Chestnut	CITY OR TOWN STATE ZIP Hammond, Indiana 46324
BURNAL, CREMATION, REMOVAL, OTHER (Specify) 19d. Removal		CEMETERY OR CREMATORY—FUNERAL HOME 19e. Harl Funeral Home	LOCATION 19f. Providence, Kentucky	STATE —
DATE (MONTH, DAY, YEAR) 20a. June 22, 1979		FUNERAL HOME—NAME AND ADDRESS 20b. Kuiper Funeral Home 9039 Kleinman Rd. Highland, IN 46322		
On the basis of examination and/or investigation, in my opinion death was due to (Specify cause and place and due to the county) stated.		DATE SIGNED (Mo., Day, Yr.) 21b. 6/22/79	HOUR OF DEATH 21c. M	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21a. Albert T. Willardo, M.D. 2293 North Main St., Crown Point, Indiana 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. 6/21/79	PRONOUNCED DEAD (Mo., Day, Yr.) 21e. AT 12:17 p.m.	
HEALTH OFFICER—SIGNATURE <i>Albert T. Willardo, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. JUN 22 1979		
IMMEDIATE CAUSE 23. Vascular collapse due to arteriosclerotic heart and muscular disease		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) Interval between onset and death Undetermined		
PART I (a) Vascular collapse due to		Interval between onset and death Undetermined		
PART I (b) arteriosclerotic heart and		Interval between onset and death Undetermined		
PART I (c) muscular disease		Interval between onset and death Undetermined		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a)		AUTOPSY (Specify Yr or Mo) —		
ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify) 25a. NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b. —	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d. —	
INJURY AT WORK (Specify Yr or Mo) 25e. —	PLACE OF INJURY—As home, farm, street, factory, office building, etc. (Specify) 25f. —	LOCATION 25g. —	STREET OR R.F.D. NO. —	

FILED
FEB 25 1991

David H. Antone
AUDITOR LAKE COUNTY

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N. 2584 410

Ray# 35-167-10 ORK Home 2M add