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Disposition Permit
Issued / /

Provisional
Certificate
 Yes No

EMBALMER'S NAME
J. J. Krause

FUNERAL DIRECTOR'S
SIGNATURE
Harold J. Rees

FUNERAL HOME
No. 219

Local No. 91009305

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307
State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Effie H. Ball Female 3. May 6, 1974

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOD. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 83 5b. 5c. 3/18 7a. Porter

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Valparaiso 7c. yes 7d. Canterbury Nursing Home

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED () EVER MARRIED () SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. U.S. 10. William a. Ball

USUAL RESIDENCE WHERE DECLASSED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 313 01 4048 13a. Home-maker 13b. none

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Hobart 14d. yes 14e. Hobart

STREET AND NUMBER 14f. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 2131 High Street 14g. no 14h. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

PARENTS 15. Henry Reusze (dec) 16. unknown

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. William A. Ball 17b. Husband 17c. 2131 High St., Hobart, In 46342

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) Stroke (b) Diabetes Mellitus (c) Hypertension

CAUSE OF DEATH (DUE TO, OR AS A CONSEQUENCE OF, THE FOLLOWING CONDITION, WHICH HAD NO IMMEDIATE CAUSE, OR DUE TO, OR AS A CONSEQUENCE OF, THE FOLLOWING CAUSE LASTING LONGER THAN THE IMMEDIATE CAUSE.)

19. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

20. DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. May 6, 1974 7:10a. 21a. 5 7 74

PHYSICIAN'S NAME LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. NICHOLAS F. HANSEN, M. D. 22b. [Signature] 22c. [Signature]

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. VALPARAISO MEDICAL CENTER 1005 N. Campbell St. Valparaiso, Indiana 46383

BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION, (SPECIFY) LOCATION CITY OR TOWN STATE

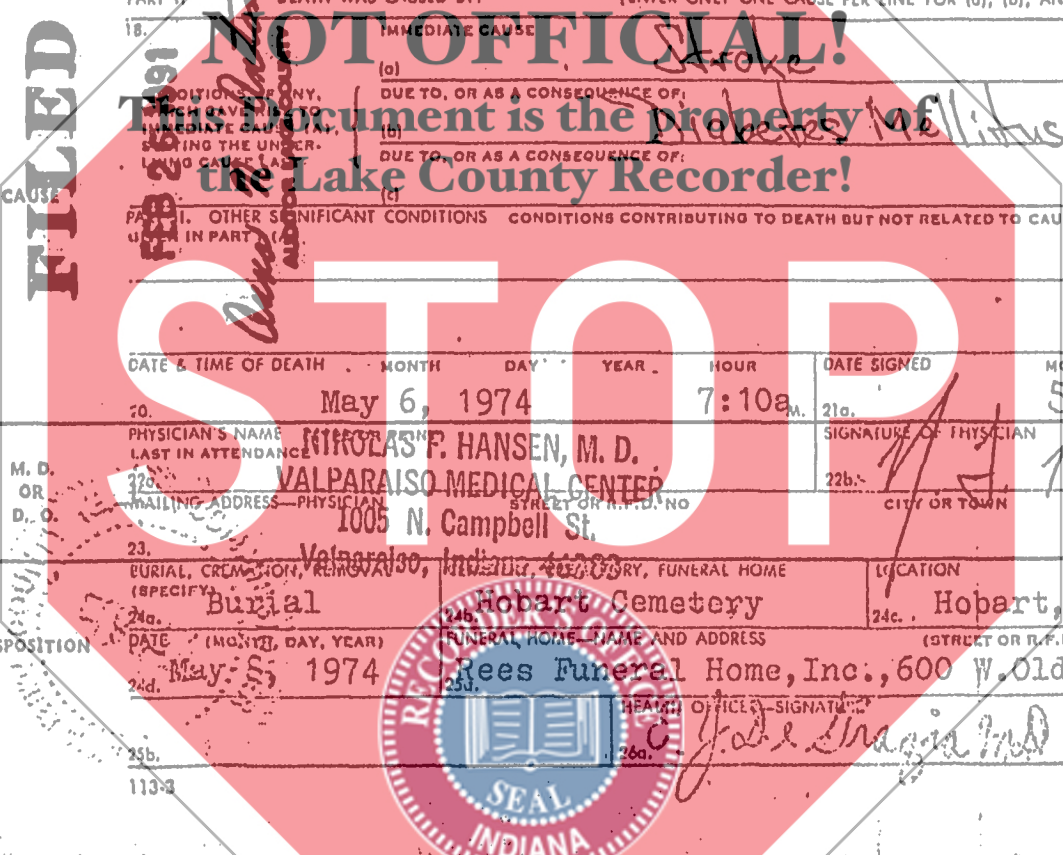
24a. Burial 24b. Hobart Cemetery 24c. Hobart, Indiana

DISPOSITION DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. May 5, 1974 24e. Rees Funeral Home, Inc., 600 W. Old Rdge Rd., Hobart, Ind. 46342

HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. [Signature] 26a. [Signature] 26b. 5-13-74



BAD ORIGINAL

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Valparaiso, Indiana
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TRUE COPY OF THE
[Handwritten Signature]
HEALTH OFFICER

