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EMBALMER'S NAME: Joseph C. Huber License No. 24357
 FUNERAL HOME: Claveria of Lake County Health Commission No. 285

91015013

Local No. 680-83

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

315 Hammond
 Hammond In 46327

State No.

DECEASED - NAME 1 KENNETH W. HAUB		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) APRIL 24, 1983
RACE 4 White	AGE (Years Months Days) 59	DATE OF BIRTH (MONTH DAY YEAR) OCT. 25, 1923	COUNTY OF DEATH LAKE
CITY TOWN OR LOCATION OF DEATH 7b MUNSTER		HOSPITAL OR OTHER INSTITUTION 7c COMMUNITY HOSPITAL	IF HOSP OR INST indicate DRG (ICD-9-CM) (Impose 100-99) 7d INPATIENT
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (Last name) 11 Ruth C. Williams
SOCIAL SECURITY NUMBER 316-18-3969	USUAL OCCUPATION 13a Stock Handler	KIND OF BUSINESS OR INDUSTRY 14b Lever Bros. Co.	
RESIDENCE STATE 13b ILLINOIS	CITY TOWN OR LOCATION 13c COOK LANSING	15 RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 17932 School St.	15e DECEASED (SPANISH DESCENT)? IF YES SPECIFY MEXICAN (JUAN PUERTO RICAN ETC) 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER NAME 16 Carl W. Haub	MOTHER MAIDEN NAME 17 Iola R. Haub	INSIDE CITY LIMITS 18a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
INFORMANT NAME (Type or Print) 18a Ruth C. Haub (Wife)	RELATIONSHIP 18b (Wife)	MAILING ADDRESS 18c 17932 School St. Lansing, IL 60438	CITY OR TOWN 18d Bary
BURIAL CREMATION REMOVAL OTHER (Type or Print) 19a Burial	CEMETERY OR CREMATORY (Funeral Home) 19b Elmwood Cemetery	LOCATION 19c Hammond, Indiana	STATE Ind. 46320
DATE (Month Day Year) 20a April 27, 1983	FUNERAL HOME (Name and Address) 20b Schroyer & Sons C.J. Huber 722-165th St. Hammond, Ind. 46320	DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 4-28-83	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21b SALMAN D. GALKANI, M.D.		DATE SIGNED (Month Day Year) 21c APRIL 25, 1983	HOUR OF DEATH 21d 12:55 P.M.
MAILING ADDRESS - PHYSICIAN 21e 4320 FIR ST. CHICAGO, ILL. 60612		HEALTH OFFICER - SIGNATURE 22a <i>Kevin Perry</i>	
IMMEDIATE CAUSE 23 (a) METASTATIC RENAL CELL CARCINOMA		Interval between onset and death 14 YEARS	
(b) _____ DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) _____ DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
OTHER SIGNIFICANT FINDINGS (Conditions contributing to death but not related to cause given in PART I) PART II _____		AUTOPSY (Specify Yes or No) 24 No	

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FILED
 APR 2 1991

Anna R. Anton
 AUDITOR LAKE COUNTY

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