

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit
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Certificate
 Yes No

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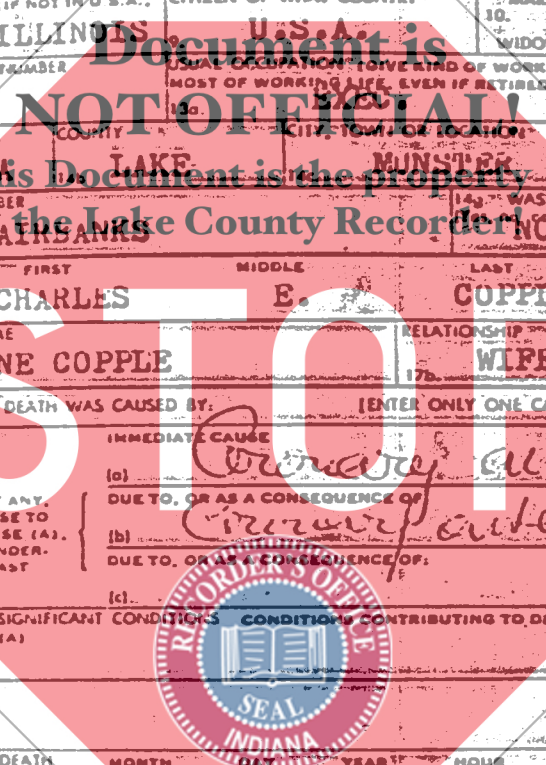
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Pauline Copple
317 Fairbanks Ave.
Munster, IN 46321
State No. 01183

Local No. 4 P.P.

FUNERAL HOME No. 496
FUNERAL DIRECTOR'S LICENSE No. 2381
FUNERAL DIRECTOR'S LICENSE No. 2381
EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST C. WILLIAM COPPLE			SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 20, 1976
1. RACE WHITE	2. AGE—LAST BIRTHDAY (YEARS) 69	3. UNDER 1 YEAR MOS. DAYS	4. UNDER 1 DAY HOURS MIN	5. DATE OF BIRTH (MONTH, DAY, YEAR) 2/20 1907	6. COUNTY OF DEATH LAKE	
7. CITY, TOWN, OR LOCATION OF DEATH EAST CHICAGO			8. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES	9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ST. CATHERINE HOSPITAL		
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) ILLINOIS U.S.A.		11. CITIZEN OF WHAT COUNTRY U.S.A.		12. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) PAULINE COPPLE		
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION—TOIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED		15. KIND OF BUSINESS OR INDUSTRY SHORELINE BUS CO.		
16. RESIDENCE—STATE COUNTY INDIANA LAKE		17. CITY, TOWN, OR LOCATION MUNSTER		18. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES		
19. STREET AND NUMBER 317 FAIRBANKS		20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		21. RESIDENCE ON A FARM? STATE OF INDIANA YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
22. FATHER—NAME FIRST MIDDLE LAST CHARLES E. COPPLE		23. MOTHER—MAIDEN NAME FIRST MIDDLE LAST EPTA SILL		24. MARITAL STATUS MARRIED		
25. INFORMANT—NAME PAULINE COPPLE		26. RELATIONSHIP WIFE		27. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 317 FAIRBANKS MUNSTER, IND.		
28. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
29. IMMEDIATE CAUSE (a) <i>Primary acute disease</i> (b) <i>Coronary artery myocardial infarction</i> (c) _____						
30. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) _____						
31. DATE & TIME OF DEATH AUGUST 20, 1976			32. DATE SIGNED AUGUST 25, 1976			
33. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE Ara V. Dumanian			34. SIGNATURE OF PHYSICIAN <i>Ara V. Dumanian</i>		35. PHY. CODE NO.	
36. MAILING ADDRESS—PHYSICIAN 3080-179th ST. HAMMOND INDIANA			37. CITY OR TOWN STATE ZIP HAMMOND INDIANA			
38. BURIAL—CREMATION, REMOVAL (SPECIFY) BURIAL		39. CEMETERY, CREMATORY, FUNERAL HOME MEMORY LANE		40. LOCATION SCHERERVILLE, INDIANA		
41. DATE (MONTH, DAY, YEAR) 8/23/1976		42. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) BURNS-KISH FUNERAL HOMES, INC. MUNSTER, INDIANA				
43. HEALTH OFFICER—SIGNATURE <i>E. A. Caspary</i>				44. DATE RECEIVED BY LOCAL HEALTH OFFICER 8-26-76		



EMBALMER'S NAME THOMAS J. BURNS

FUNERAL DIRECTOR'S SIGNATURE *Paul G. Kirk*

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
APR 19 1991
Pauline Copple
MUNSTER LAKE COUNTY, IN

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