

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

81021518

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

37 Gladys Null
2317 Plymouth St + 3
Portage, Ind
State No. 46368

Local No. 2892-86

Below for State Office Use

- A
- B
- C
- D
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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

EMBALMER'S NAME JAMES J. KRAUSE

FUNERAL DIRECTOR'S SIGNATURE James J. Krause

FUNERAL HOME No. 561

FUNERAL DIRECTOR'S LICENSE No. 1986704

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED OR PATH OCCURRED IN INSTITUTION OR RESIDENCE BEFORE ADMISSION

LAKE COUNTY HEALTH COMMISSIONER

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO DEATH

CAUSE

DECEASED—NAME FIRST MIDDLE LAST JOHN LOUIS NULL, SR.		SEX male	DATE OF DEATH: MONTH DAY YEAR October 30, 1986
RACE—(a) White (b) Black (c) American Indian (d) Other	AGE—Last Birthday (Year)	UNDER 1 YEAR AGE DATE	UNDER 1 DAY HOURS MIN
White	67	DATE OF BIRTH: MONTH DAY YEAR Mar. 20, 1919	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION—Name of institution, street and number St. Mary Medical Center	IF HOSP OR INST (Indicate DOA) (Indicate Am. Institution) (Specify)
STATE OF BIRTH (Indicate U.S.A. name if foreign)		CITIZEN OF WHAT COUNTRY	IF HOSP OR INST (Indicate DOA) (Indicate Am. Institution) (Specify)
Kentucky	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	IF HOSP OR INST (Indicate DOA) (Indicate Am. Institution) (Specify)
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Indicate kind of work done during most of working life from 1940 to 1960)	SURVIVING SPOUSE (Indicate name)	IF HOSP OR INST (Indicate DOA) (Indicate Am. Institution) (Specify)
404-09-4290	Millwright	Gladys R. Gilland	IF HOSP OR INST (Indicate DOA) (Indicate Am. Institution) (Specify)
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	KIND OF BUSINESS OR INDUSTRY
Indiana	Porter	Portage	Inland Steel Co.
STREET AND NUMBER	IS RESIDENCE ON A FARM?	INSIDE CITY LIMITS (Specify Yes or No)	STATE OF BIRTH (Indicate U.S.A. name if foreign)
2317 Plymouth Street	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Indiana
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	FATHER—NAME (First Middle Last)	MOTHER—MAIDEN NAME (First Middle Last)
		William Null	Albenta Bailey (Dec.)
INFORMANT—NAME (Type or print)	RELATIONSHIP	MAILING ADDRESS	CITY OR TOWN STATE ZIP
Robert E. Null	Son	4432 - 15th Street	Hobart Indiana 46342
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—FUNERAL HOME	LOCATION	CITY OR TOWN STATE
Burial	Calvary Cemetery	Portage, Indiana	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	CITY OR TOWN STATE ZIP	
November 3, 1986	Rees Funeral Home-Olson Chapel 5341 Central	Portage	
NAME OF ATTENDING PHYSICIAN (Type or print)	DATE SIGNED	HOUR OF DEATH	IN 46368
Dr. Wm. S. Yocum	30 Oct 86	3:04 a.m.	
MAILING ADDRESS—PHYSICIAN	HEALTH OFFICER—SIGNATURE	DATE RECEIVED BY LOCAL HEALTH OFFICER	
7891 Broadway	Carl Johnson	10-30-86	
HEALTH OFFICER—SIGNATURE	DATE RECEIVED BY LOCAL HEALTH OFFICER	INTERVAL BETWEEN ONSET AND DEATH	
Carl Johnson	10-30-86	Coronary Thrombosis	
CAUSE	INTERVAL BETWEEN ONSET AND DEATH	INTERVAL BETWEEN ONSET AND DEATH	
Coronary Thrombosis			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	ALTOGETHER (Specify Yes or No)		
	NO		

SBH 06-003 State Form 35430
REV. 10/77

AUDITOR LAKE COUNTY

MAY 6 1991
Aure N. Anton

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