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91024314

INDIANA STATE BOARD OF HEALTH

Lake Hills Add h.11  
Key #11-89-11; unit # 9

Local No. 1022-91

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>Frederick Sell</b>				2. SEX <b>Male</b>		3a. TIME OF DEATH <b>6:15P M</b>		3b. DATE OF DEATH (Month, Day, Yr) <b>May 12, 1991</b>	
4. SOCIAL SECURITY NUMBER <b>353-05-6051</b>		5a. AGE—Last Birthday (Years) <b>73</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Sept. 3, 1917</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Hanover, PA</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>		9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>XX Residence</b>		
9b. FACILITY NAME (If not institution, give street and number) <b>8325 Autin St.</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Schererville</b>			9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Eleanor Plouse</b>		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Laborer</b>			12b. KIND OF BUSINESS/INDUSTRY <b>Inland Steel</b>		
13a. RESIDENCE—STATE <b>IN</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Schererville</b>		13d. STREET AND NUMBER <b>8325 Autin St.</b>			
13e. ZIP CODE <b>46375</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>2</b> College (1-4 or 5+) <b>5</b>	
18. FATHER'S NAME (First, Middle, Last) <b>Grover Sell</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Grace Flickinger</b>				20. RELATIONSHIP <b>Wife</b>	
20a. INFORMANT'S NAME (Type/Print) <b>Eleanor Sell</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8325 Autin St., Schererville, IN 46375</b>				20c. RELATIONSHIP <b>Wife</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>May 14, 1991 Oakland Memory lanes</b>			21c. LOCATION—City or Town, State <b>Dolton, IL</b>			
22a. EMBALMER'S NAME <b>None</b>			22b. EMBALMER'S LICENSE NO. <b>—</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licensee) <b>1021590</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home #8800135 921 W. 45th Griffith, IN 46319</b>				
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Hepatic Failure DUE TO (OR AS A CONSEQUENCE OF) Cirrhosis of Liver DUE TO (OR AS A CONSEQUENCE OF) Transfusional Hepatitis</b>								Approximate Interval Between Onset and Death <b>MAY 21 1991</b>	
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.								27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>								28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.								THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL AS STATED. DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.	
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. <b>01031470</b>		29d. DATE SIGNED (Month, Day, Year) <b>May 14, 1991</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>John George, M.D. 7905 Calumet Munster, IN 46321</b>								MAY 14 1991	
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) <b>May 14 1991</b>			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED <b>LAKE COUNTY HEALTH COMMISSIONER</b>			
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>600</b>					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						

DECEDENT

PARENTS

INFORMANT

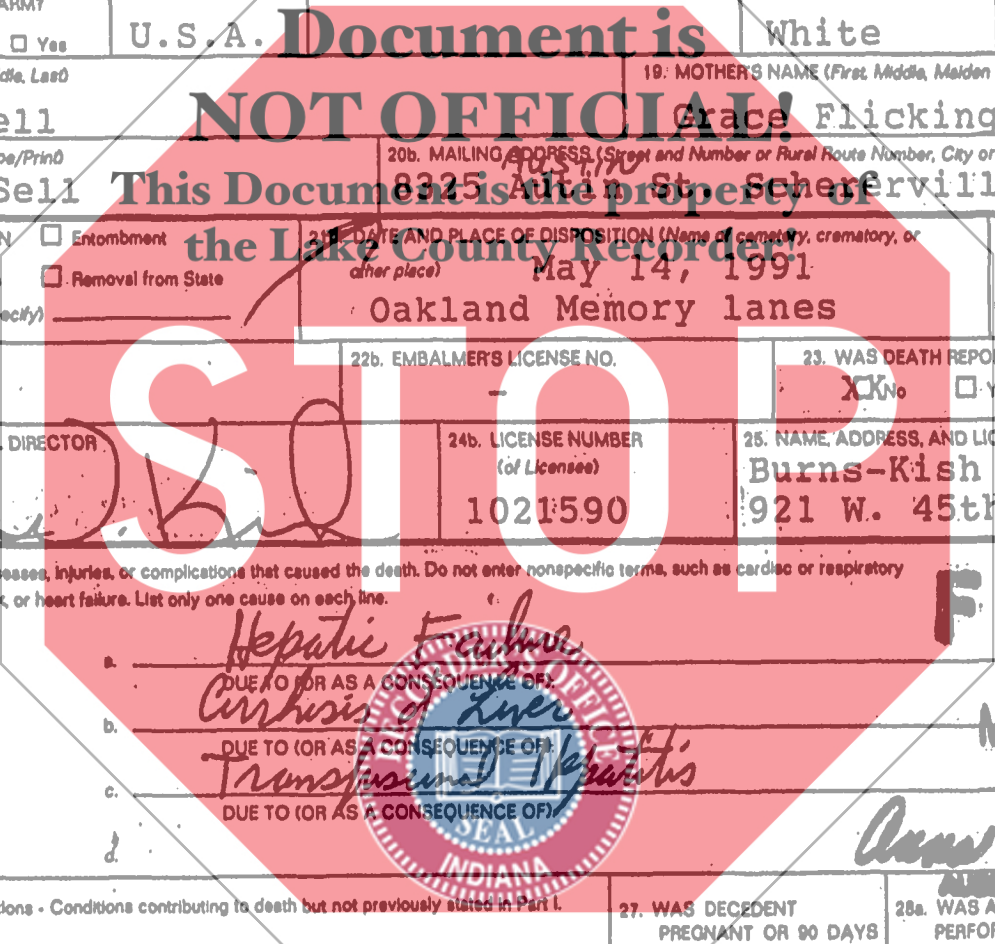
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



FILED

MAY 21 1991

*[Signature]*  
LAKE COUNTY

01251