

W. 132 ft of E. 421.4 ft of S.
330.2 ft of SW SW NE

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS

Key # 17-11-62
Unit # 27 60

Local No. 60 S. 29 T. 36 R. 7

MEDICAL CERTIFICATE OF DEATH

State No.

91040713

1. PLACE OF DEATH a. COUNTY Lake		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Indiana b. COUNTY Lake	
b. CITY, TOWN, OR LOCATION Hobart		c. Length of Stay in lb 5 years	c. CITY, TOWN, OR LOCATION Hobart
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 824 High Street		d. STREET ADDRESS 824 High Street	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Russell A. Trubey			4. DATE OF DEATH Feb. 4, 1960		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1922	9. AGE (In years last birthday) 38	10. IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Laundry Cleaners	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Trubey		14. MOTHER'S MAIDEN NAME Ava O. Osden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW2	16. SOCIAL SECURITY NO. 309-14-3472	17a. INFORMANT'S NAME Myrtle Trubey	
17b. INFORMANT'S ADDRESS 824 High Street, Hobart, Indiana		17c. RELATIONSHIP TO DECEASED Wife	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Acute		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Acute Pancreatitis		3 days
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD TO BE THE TERMINAL DISEASE CONDITION GIVING RISE TO DEATH.		

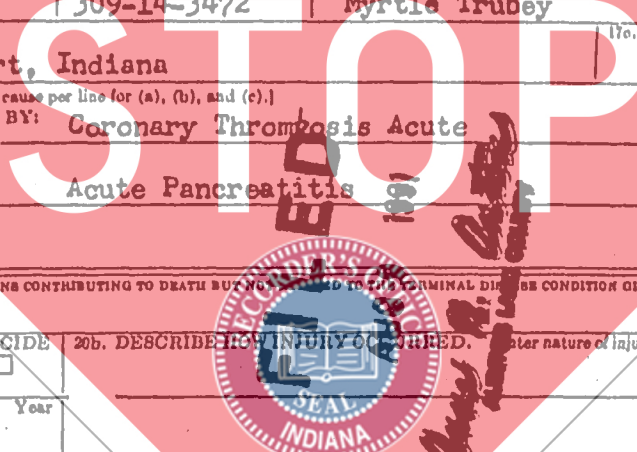
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (After nature of injury in Part I or Part II of item 18.) Heart Attack
20c. TIME OF INJURY Hour <input type="checkbox"/> a. m. <input type="checkbox"/> p. m.	JUL 08 1991
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Hobart, Indiana	

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from Jan 1, 1960 to Feb. 4, 1960 and last saw her alive on Feb. 2, 1960 Death occurred at 3:35 AM M (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.	22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at M (C.S.T.) from causes stated and on above date.
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23a. Signature of Attending Physician or Health Officer. W.H. Pike, MD	23b. ADDRESS Hobart, Indiana	23c. DATE SIGNED 2-5-60
24a. BURIAL, CREMATION, REMOVAL. (Specify) Burial	24b. DATE Feb. 7, 1960	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
24d. LOCATION Hobart, Indiana		

DATE REC'D BY LOCAL HEALTH OFFICER Feb. 8, 1960	SIGNATURE OF HEALTH OFFICER Samuel B. Bernake	25. FUNERAL DIRECTOR Bedor Pflughoft, Hobart, Indiana	ADDRESS 30 Memorial Drive
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THIS COPY IS THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILED IN THE HEALTH DEPT. COUNTY OF LAKE COUNTY, INDIANA

ROBERT BOB REBELAND REC'D

FUNERAL DIRECTOR'S LICENSE NO. 1940
EXAMINER'S NAME Bedor Pflughoft
LICENSE NO. 3899

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