

OR PRINT 8935 Broadway  
Merrillville, IN 46410

INDIANA STATE BOARD OF HEALTH

PLAINLY WITH  
UNFADING INK

Local No. 305.....91042650 MEDICAL CERTIFICATE OF DEATH

State No. ....

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

FUNERAL HOME  
No. 750

1451

FUNERAL DIRECTOR'S  
No. 94  
LICENSE No.

LICENSE No.

EMBALMER'S NAME  
CONTOLINS A. KUIPER

FUNERAL DIRECTOR'S  
SIGNATURE  
*[Signature]*

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

|  |                           |   |   |  |  |  |  |               |      |  |
|--|---------------------------|---|---|--|--|--|--|---------------|------|--|
| DECEASED—NAME  |                           | FIRST   | MIDDLE  | LAST   | SEX  | DATE OF DEATH (MONTH, DAY, YEAR)             |  |               |      |  |
| 1. PETER   |                           | GROOT   |   |  | 2. Male  | 3. April 7, 1976                             |  |               |      |  |
| RACE   | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. DAYS  | UNDER 1 DAY HOURS MIN.  | DATE OF BIRTH (MONTH, DAY, YEAR)   | COUNTY OF DEATH  |  |  |               |      |  |
| White  | 5a. 60                    | 5b.   | 5c.   | 3-4-1916   | 7a. Lake   |  |  |               |      |  |
| CITY, TOWN, OR LOCATION OF DEATH   |                           | INSIDE CITY LIMITS (SPECIFY YES OR NO)  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) |  |  |  |  |               |      |  |
| 7b. Hammond  |                           | 7c. yes   | 7d. St. Margaret Hospital   |  |  |  |  |               |      |  |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  |                           | CITIZEN OF WHAT COUNTRY   |   | MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>     |  | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |  |               |      |  |
| 8. Indiana   |                           | 9. USA  |   | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                     |  | 11. Alyce Prince                             |  |               |      |  |
| USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.                |                           | SOCIAL SECURITY NUMBER  |   | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |  | KIND OF BUSINESS OR INDUSTRY                 |  |               |      |  |
| 12. 304-09-7254  |                           | 13a. Self employed  |   | 13b. Merchant  |  |  |  |               |      |  |
| RESIDENCE—STATE  |                           | COUNTY  | CITY, TOWN OR LOCATION  |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)                                   | TOWNSHIP                                     |  |               |      |  |
| 14a. Indiana   |                           | 14b. Lake   | 14c. Highland   |  | 14d. yes   | 14e. North                                   |  |               |      |  |
| STREET AND NUMBER  |                           | 14f. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) |   |  | 15. RESIDENCE ON A FARM?   |  |  |               |      |  |
| 14f. 3653-38th Street  |                           | 14g. Yes  |   |  | 14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |               |      |  |
| FATHER—NAME  |                           | MOTHER—MAIDEN NAME  |   |  |  |  |  |               |      |  |
| 15. Henry Groot  |                           | 16. Sadie Moes  |   |  |  |  |  |               |      |  |
| INFORMANT—NAME   |                           | RELATIONSHIP  |   | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)                       |  |  |  |               |      |  |
| 17a. Alyce Groot   |                           | 17b. Wife   |   | 17c. 3653 - 38th Street Highland, Ind.   |  |  |  |               |      |  |
| PART I. DEATH WAS CAUSED BY:   |                           | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]                               |   |  |  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |               |      |  |
| 18. IMMEDIATE CAUSE  |                           | (a) Carcinomatosis  |   |  |  |  |  |               |      |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST                          |                           | (b) Carcinoma prostate  |   |  |  |  | AUG 21 1991  |               |      |  |
| PART II. OTHER SIGNIFICANT CONDITIONS OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) |                           |   |   |  |  |  | AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |               |      |  |
| DATE & TIME OF DEATH   |                           | MONTH   | DAY   | YEAR   | HOUR   | DATE SIGNED                                  | MONTH  | DAY           | YEAR |  |
| 20. April 7 1976   |                           | April   | 7   | 1976   | 7:35 P.M.  | April 8 1976                                 | April  | 8             | 1976 |  |
| M. D. OR D. O.   |                           | PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE                                 |   |  | SIGNATURE OF PHYSICIAN   |  |  | PHY. CODE NO. |      |  |
| 22a. Dr. N.C. Tabion   |                           | 22b. [Signature]  |   |  |  |  |  |               |      |  |
| MAILING ADDRESS—PHYSICIAN  |                           | STREET OR R.F.D. NO   |   | CITY OR TOWN   |  | STATE  |  | ZIP           |      |  |
| 23. 513 Ridge Road   |                           | Munster   |   | Indiana  |  | 46321  |  |               |      |  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   |                           | CEMETERY, CREMATORY, FUNERAL HOME   |   | LOCATION   |  | CITY OR TOWN                                 |  | STATE         |      |  |
| 24a. Burial  |                           | 24b. Hope Cemetery  |   | 24c. Highland,   |  | Indiana                                      |  |               |      |  |
| DATE (MONTH, DAY, YEAR)  |                           | FUNERAL HOME—NAME AND ADDRESS   |   |  |  |  |  |               |      |  |
| 24d. 4-10-76   |                           | 25a. Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322                 |   |  |  |  |  |               |      |  |
| HEALTH OFFICER—SIGNATURE   |                           | DATE RECEIVED BY LOCAL HEALTH OFFICER   |   |  |  |  |  |               |      |  |
| 25b. [Signature]   |                           | 26a. 4-8-76   |   |  | 26b. [Signature]   |  |  |               |      |  |

STOP  
This Document is the property of the Lake County Recorder!

FILED



MAIL TAX BILLS TO: T&G Realty Company c/o John W. Terpstra  
Highland Department Store, Inc.  
2821 Highway Avenue  
Highland, IN 46322

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.  
*Grable, D. J. per memo D.*

Aug 9, 1991  
Date Issued.  
Hammond Health Commissioner

Funeral Home Permit  
Provisional Certificate  
Yes  No

Lot Numbered Twenty (20) in Block Numbered Thirteen (13), as marked and laid down on the recorded plat of the Original Town of Highland, filed in Plat Book 1 at Page 86 of Lake County Map Records.

