

MAIL TO: ANDERSON, TAUBER & WOODWARD, P.C.

OR PRINT 8935 Broadway
Merrillville, IN 46410

INDIANA STATE BOARD OF HEALTH

Tax Key No. 27-105-6

PLAINLY WITH
READING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

FUNERAL HOME
No. 750

FUNERAL DIRECTORS
LICENSE No. 94

1451

LICENSE No.

EMBALMER'S NAME Cornelius A. Kuiper

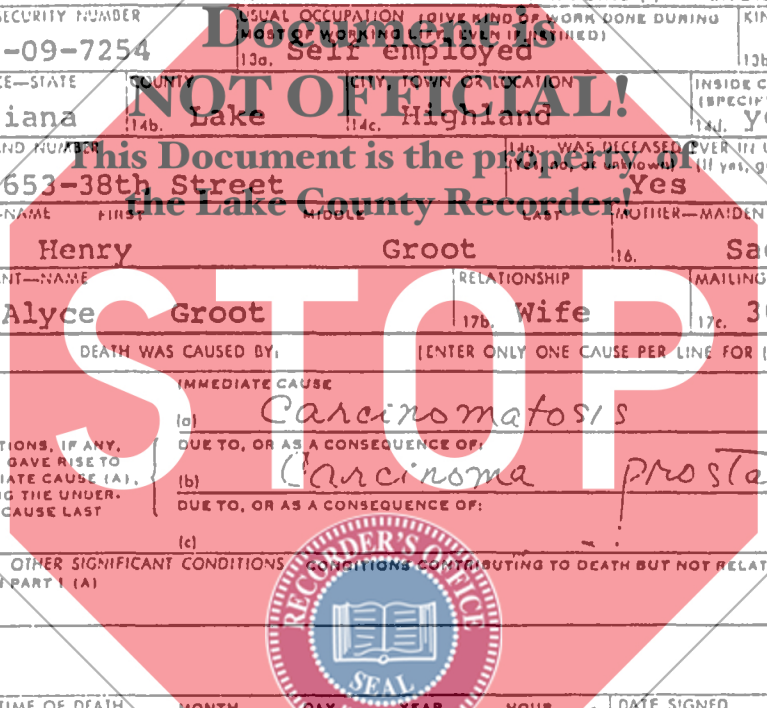
FUNERAL DIRECTORS
SIGNATURE *C. A. Kuiper*

Local No. *505* 91042654

MEDICAL CERTIFICATE OF DEATH

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST PETER GROOT		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) April 7, 1976	
RACE White	AGE—LAST BIRTHDAY (YEARS) 5a. 60	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 3-4-1916	COUNTY OF DEATH 7a. Lake	
DECEASED 7b. Hammond		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Margaret Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Alyce Prince		
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER 12. 304-09-7254		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Self employed		KIND OF BUSINESS OR INDUSTRY 13b. Merchant
RESIDENCE—STATE 14a. Indiana		COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Highland		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	TOWNSHIP 14e. North
STREET AND NUMBER 14f. 3653-38th Street		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes WW II		15. RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
FATHER—NAME 15. Henry Groot		MOTHER—MAIDEN NAME 16. Sadie Moes		INFORMANT—NAME 17a. Alyce Groot		
RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 3653 - 38th Street Highland, Ind.				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				
18. IMMEDIATE CAUSE (a) Carcinomatosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST		(b) Carcinoma prostate				
CAUSE PART III. OTHER SIGNIFICANT CONDITIONS, GIVEN IN PART I (A)		(c) _____				
DATE & TIME OF DEATH MONTH DAY YEAR April 7 1976		HOUR 7:30 P.M.		DATE SIGNED MONTH DAY YEAR April 8 '76		
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 20. Dr. N.C. Tabion		SIGNATURE OF PHYSICIAN 22b. <i>N. C. Tabion</i>			PHY. CODE NO.	
MAILING ADDRESS—PHYSICIAN 23. 513 Ridge Road		STREET OR R.F.D. NO		CITY OR TOWN Munster		STATE Indiana
ZIP 46321		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. Hope Cemetery		
DATE (MONTH, DAY, YEAR) 24d. 4-10-76		LOCATION 24c. Highland, Indiana		FUNERAL HOME—NAME AND ADDRESS 25a. Kuiper Funeral Home		
DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. 4-8-76		HEALTH OFFICER—SIGNATURE 26a. _____				



FILED
AUG 21 1991

MAIL TAX BILLS TO: R&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.
Franklin D. Jaramila M.D.
Aug 9, 1991
Date Issued
Hammond Health Commissioner

Disposition Permit
Provisional Certificate
Yes No

200

Lot No. Six (6), in Block No. Fourteen (14), as marked and laid down on the recorded plat of the Original Town of Highland, in Lake County, Indiana, as the same appears of record in Plat Book 1, page 86, in the Recorder's Office of Lake County, Indiana.

