

Case No. 19-19-13, 14, 15 - Coroner to 10/13/14, 15, 1986

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

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Local No. 2297-86

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Order & Copies 101 W. 75th Merrillville, IN 46410

FUNERAL HOME No. 688

LICENSE No. 515

FUNERAL DIRECTOR'S LICENSE No. 2091

EMBALMER'S NAME: Stephen P. Bartholomew

FUNERAL DIRECTOR'S SIGNATURE: *Stephen P. Bartholomew*

TYPE OR PRINT OR PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE: WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

COUNTY

M. D. OR D. O.

CONDITIONS OF ANY SURVIVAL GIVE FOR TO ELIMINATE CAUSE BEING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME Fred Baggs		SEX Male	DATE OF DEATH MONTH DAY YEAR October 15, 1986
RACE White	AGE - LAST BIRTHDAY 86	DATE OF BIRTH MONTH DAY YEAR 9/09/1900	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION St. Mary Medical Center	IF HOSPITAL OR INST. WHERE DEATH OCCURRED Inpatient
STATE OF BIRTH Illinois	CITIZEN OF WHAT COUNTRY U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	WAS DECEASED EVER IN U.S. ARMY OR NAVY No
SOCIAL SECURITY NUMBER 306-09-3680	OCCUPATION Operator	SURVIVING SPOUSE Pauline Sherpard	KIND OF BUSINESS OR INDUSTRY Steel
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Lake Station	IS RESIDENCE ON A FARM? NO
STREET AND NUMBER 2788 Warren	IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS? Yes	
IS DECEASED OF SPANISH OR HISpanic OR PORTUGUESE OR ITALIAN OR JAPANESE OR PHILIPPINE OR POLYNESIAN OR PORTUGUESE OR OTHER FOREIGN BIRTH? NO			
FATHER - NAME William Baggs	MOTHER - MAIDEN NAME Sylvia N. A.		
INFORMANT - NAME Pauline Baggs	RELATIONSHIP Wife	MAILING ADDRESS 2788 Warren, Lake Station, IN, 46405	
BURIAL, CREMATION, REMOVAL, OTHER Burial	CEMETERY OR CREMATORY - FUNERAL HOME Graceland Cemetery	LOCATION Valparaiso, Indiana	
DATE October 17, 1986	FUNERAL HOME - NAME AND ADDRESS C. W. Bartholomew & Son, 102 Monroe, Valparaiso, IN, 46383		
NAME OF ATTENDING PHYSICIAN Ann K. Goel, M.D.	DATE SIGNED 10/17/86	HOUR OF DEATH	
MAILING ADDRESS - PHYSICIAN 209 E. 83th Ct. Merrillville, Indiana 46410	HEALTH OFFICER - SIGNATURE <i>Ann K. Goel</i>		
DATE RECEIVED BY LOCAL HEALTH OFFICER 10-17-86			
PART I DUE TO OR AS A CONSEQUENCE OF Anoxic Encephalopathy		FILED	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not reported in Part I		JAN 17 1992	

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

Audra N. Antose AUDITOR LAKE COUNTY

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