

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. 39 Acrynth Rd.  
16410

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

92011579 local No. 83-0617

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

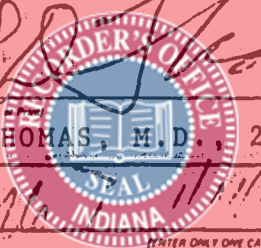
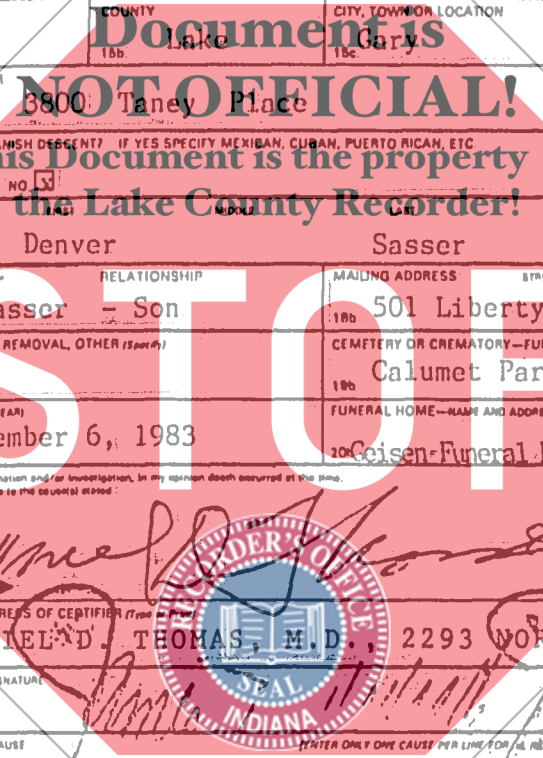
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 <b>JOHN G. SASSER</b>		SEX 2 <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3 <b>September 2, 1983</b>
RACE—(1a) <b>White</b>	AGE—(1b) <b>40</b>	UNDER 1 YEAR 4a <b>40</b>	UNDER 1 DAY 4b <b>40</b>
CITY, TOWN OR LOCATION OF DEATH 7a <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION—(Name if not in part a give street and number) 7c <b>4924 W. 26th Avenue</b>	IF HOSP OR INST. Indicate Dept. Of. Exam. Rm., Inpatient (Specify) 7d <b>---</b>
STATE OF BIRTH (If not in U.S.A. name country) 8 <b>Indiana</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <b>Married</b>	SURVIVING SPOUSE (If wife give maiden name) 11 <b>Carol Boger</b>
SOCIAL SECURITY NUMBER 13 <b>312-44-0692</b>		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a <b>Owner &amp; Operator</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Sasser Trucking Company</b>
RESIDENCE—STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>Gary</b>	IS RESIDENCE ON A FARM? 15d <b>NO</b>
STREET AND NUMBER 15d <b>3800 Taney Place</b>		INSIDE CITY LIMITS 15e <b>Yes</b>	STATE OF INDIANA 15f <b>26</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16 <b>NO</b>			
FATHER—NAME 16a <b>Denver Sasser</b>		MOTHER—MAIDEN NAME 17 <b>Matti Hinkle</b>	
INFORMANT—NAME & RELATIONSHIP 18a <b>Jeff Sasser - Son</b>		MAILING ADDRESS 18b <b>501 Liberty Street Hobart, Indiana 46342</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b <b>Calumet Park Cemetery</b>	
DATE (MONTH, DAY, YEAR) 20a <b>September 6, 1983</b>		FUNERAL HOME—NAME AND ADDRESS 20b <b>Ceisen-Funeral Home, Inc., 7905 Broadway, Merrillville, Indiana 46411</b>	
DATE SIGNED (Mo., Day, Yr.) 21b <b>9/26/83</b>		HOUR OF DEATH 21c <b>M</b>	
PRONOUNCED DEAD (Mo., Day, Yr.) 21d <b>9-2-83</b>		PRONOUNCED DEAD (Hour) 21e <b>11:30 a.</b>	
NAME AND ADDRESS OF CERTIFIER (Print or Type) 21f <b>DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>			
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>SEP 27 1983</b>	
IMMEDIATE CAUSE 23 <b>Asphyxiation</b>			
DUE TO, OR AS A CONSEQUENCE OF (a) <b>Due to carbon monoxide poisoning</b>			
DUE TO OR AS A CONSEQUENCE OF (b) <b>---</b>			
DUE TO OR AS A CONSEQUENCE OF (c) <b>---</b>			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II <b>Blood ethanol level - 0.38%</b>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a <b>Undetermined</b>	DATE OF INJURY (Mo., Day, Yr.) 25b <b>---</b>	HOUR OF INJURY 25c <b>M</b>	DESCRIBE HOW INJURY OCCURRED 25d <b>---</b>
INJURY AT WORK (Specify Yes or No) 26a <b>---</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b <b>---</b>	LOCATION 26c <b>---</b>	STREET OR R.F.D. NO. 26d <b>---</b>
CITY OR TOWN 26e <b>---</b>		STATE 26f <b>---</b>	



Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G 29431
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K 49-335-26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
- L Woodlawn and Sub.

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

EMBALMER'S NAME Ronald J. Mesarch  
FUNERAL DIRECTOR'S SIGNATURE [Signature]  
FUNERAL HOME 776  
LICENSE NO. 591  
FUNERAL DIRECTOR'S LICENSE NO. 1261

Key # 49-386-12413  
Oak Manor  
L124613  
BL1



*James T. Kellie, M.D.*  
CERTIFIED COPY  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE SEP 27 1983