

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

Below for State Office Use

92012779

Local No. 1720-79

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

51600

FUNERAL HOME
No. 750

FUNERAL DIRECTOR'S
LICENSE No. 5

FUNERAL DIRECTOR'S
LICENSE No. 5

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LICENSE No. 5

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LICENSE No. 5

FUNERAL DIRECTOR'S
LICENSE No. 5

FUNERAL DIRECTOR'S
LICENSE No. 5

1576

LICENSE No.

EMBALMER'S NAME Ronald Harris

FUNERAL DIRECTOR'S
SIGNATURE

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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

(PARENTS)

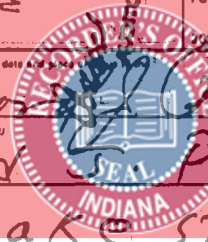
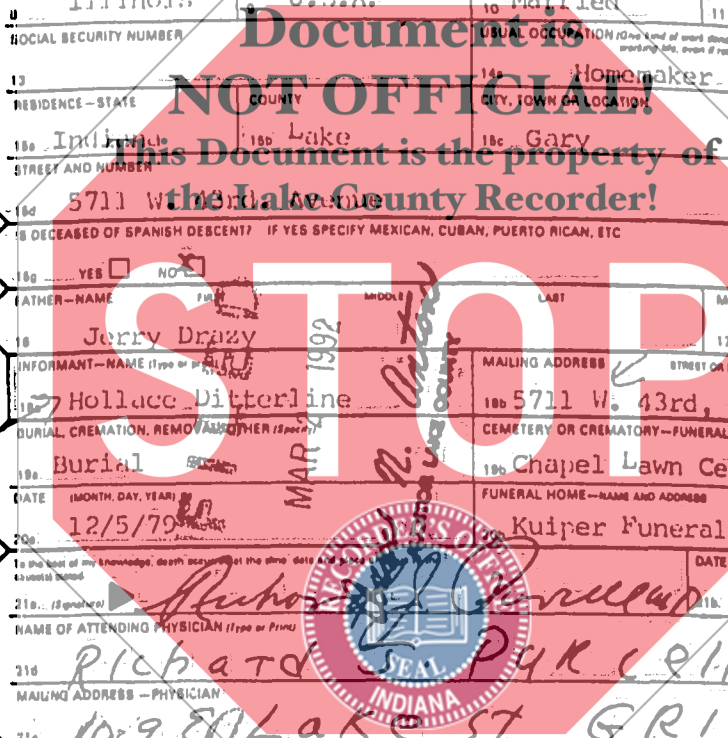
DISPOSITION

M.D.
OR
D.O.

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

CAUSE

1 DECEASED—NAME FIRST Myrtle MIDDLE Z LAST Ditterline		SEX Female	DATE OF DEATH MONTH, DAY, YEAR 12/2/79
2 RACE—(a) White (b) Black American (c) Indian (d) Other (Specify)	3 AGE—(a) Birthdate (b) 58	4 UNDER 1 YEAR (a) MO (b) DATE	5 UNDER 1 DAY (a) HOUR (b) MINUTE
6 DATE OF BIRTH (a) Day (b) 3/6/21	7a COUNTY OF DEATH Lake	7b HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) Broadway Methodist Hospital	7c IF HOSP. OR INST. indicate date of admission, date, institution (Specify) Inpatient
8 CITY, TOWN OR LOCATION OF DEATH Merrillville,	9 STATE OF BIRTH (If not in U.S.A. name country) Illinois	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SURVIVING SPOUSE (If with, give maiden name) Hollace Ditterline
12 SOCIAL SECURITY NUMBER	13 USUAL OCCUPATION (If no kind of work done during week of death, give if retired) Homemaker	14a KIND OF BUSINESS OR INDUSTRY	14b WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO
15a RESIDENCE—STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Gary	16a RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15d STREET AND NUMBER 5711 W. 43rd Avenue	15e IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC	16b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17a NAME CITY LAKE COUNTY OR RECORD STATE OF INDIANA S.S. NO. ROBERT EUGENE REELAND 2 28 PM '79
18 FATHER—NAME (FIRST, MIDDLE, LAST) Jerry Drazy	19 MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) Erma Stump	20a INFORMANT—NAME (Type or Print) Hollace Ditterline	20b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 5711 W. 43rd, Avenue Gary, Indiana
21a BURIAL, CREMATION, REMOVAL OR OTHER (Specify) Burial	21b CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn Cemetery	21c LOCATION (CITY OR TOWN, STATE) Schererville, Indiana	22a FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana
22b DATE (MONTH, DAY, YEAR) 12/5/79	23a NAME OF ATTENDING PHYSICIAN (Type or Print) Richard P. Kelly, M.D.	23b MAILING ADDRESS—PHYSICIAN 109 E. LAKE ST GRIFFITH IND 46319	23c HEALTH OFFICER'S SIGNATURE [Signature]
24a DATE SIGNED (a) Day (b) 12/3/79	24b HOUR OF DEATH 12/2 7P.M.	25a DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 4, 1979	25b
26 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			27
PART I (a) Peroral cell adenocarcinoma with metastases to (Skin and bones)			7-5-79
(b) Generalized metastases (Skin and bones)			12-2-79
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I) Adrenal Pheochromocytoma with metastases to liver, coronary heart disease			NO



Disposition Permit Issued / /
Provisional Certificate
 Yes No

39-108-16

Handwritten notes and signatures in the left margin, including 'Hollace Ditterline' and 'J. A. Drazy'.

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