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

Below for State Office Use

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EMBALMER'S NAME M. L. Brady LICENSE No. 1491

FUNERAL DIRECTOR'S NAME M. L. Brady LICENSE No. 73

SIGNATURE Ray #5 25-7-48-51

FUNERAL HOME No. 92

LAKE COUNTY INDIANA JAN 26 1970 HEALTH COMMISSIONER

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 48-70

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME: FIRST Albert MIDDLE Andrew LAST Schott
2. SEX: M
3. DATE OF DEATH (MONTH, DAY, YEAR): 1-24-70
4. RACE: W
5a. AGE—LAST BIRTHDAY (YEARS): 64
5b. UNDER 1 YEAR MOS. DAYS:
5c. UNDER 1 DAY HOURS MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): 11-21-05
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN, OR LOCATION OF DEATH: Cedar Lake
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): RR 3 Box 428
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Pennsylvania
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Loucila Prendergast
12. SOCIAL SECURITY NUMBER: 335-16-7160
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Department Store
13b. KIND OF BUSINESS OR INDUSTRY: Department Store
14a. RESIDENCE—STATE: Ind
14b. COUNTY: Lake
14c. CITY, TOWN OR LOCATION: Cedar Lake
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. TOWNSHIP: Center
14f. STREET AND NUMBER: RR 3 Box 428
14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): no
14h. IS RESIDENCE ON A FARM? YES [ ] NO [X]

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

PARENTS

15. FATHER—NAME FIRST Joseph MIDDLE - LAST Schott
16. MOTHER—MAIDEN NAME FIRST Agnes MIDDLE - LAST Spohn
17a. INFORMANT—NAME: Loucila Schott
17b. RELATIONSHIP: Wife
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): RR 3 Box 428 Cedar Lake Ind 46303

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a): Acute Cardiac Decompensation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 25 min
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Myocardial Infarction — 30 min
DUE TO, OR AS A CONSEQUENCE OF: (c) — 76 HRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN (A)

19a. AUTOPSY YES [ ] NO [X]
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES [ ] NO [ ]

FILED JUN 5 1992

Agnes N. Anton
AUDITOR LAKE COUNTY

20. DATE OF DEATH MONTH January DAY 24 YEAR 1970 HOUR 11:45 P.M.
21a. DATE SIGNED MONTH 1 DAY 26 YEAR 70

M. D. OR D. O.

22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: ROBERT W. KING, M.D.
23. MAILING ADDRESS—PHYSICIAN: R.R. #1, Box 6 NO. CITY OR TOWN: Cedar Lake STATE: Indiana ZIP: 46303
22b. SIGNATURE OF PHYSICIAN (DEGREE OR TITLE): Robert W. King MD

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY, CREMATORY, FUNERAL HOME: Maplewood
24c. LOCATION CITY OR TOWN: Crown Point STATE: Ind
24c. DATE (MONTH, DAY, YEAR): 1-22-70
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Eller Brady RR 3 Box 451 Cedar Lake, Ind 46303
25b.
26a. HEALTH OFFICER—SIGNATURE
26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: Jan. 26, 1970

Disposition Permit Issued / /
Provisional Certificate. ☐ Yes ☐ No

SBH 6-24-2

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6.00