

CP 459099 LD

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PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Form with fields for DECEASED NAME (Forrest Elwood Studer), SEX (MALE), TIME OF DEATH (7:10 am), DATE OF DEATH (Apr 12, 1992), SOCIAL SECURITY NUMBER (317-20-8696), AGE (78), DATE OF BIRTH (Apr 24, 1913), BIRTHPLACE (In), FACILITY NAME (Whispering Pines Nursing Home), CITY/TOWN (Roselawn), COUNTY (Porter), MARRITAL STATUS (Married), SURVIVING SPOUSE (Lillian Reiners), OCCUPATION (Street worker), RESIDENCE (23320 Filmore St. Box 155), FATHER'S NAME (Adolph Studer), MOTHER'S NAME (Lettie Eastwood), INFORMANT (Lillian Studer), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (Lowell Memorial Cemetery), FUNERAL HOME (Sheets Funeral Home), IMMEDIATE CAUSE (Cerebrovascular Accident with CMA), CERTIFIER (Sylvia M.D.), HEALTH OFFICER (Sudhakar Garlapati MD), MANNER OF DEATH (Natural), DATE OF DEATH (Apr 12, 1992), DATE OF BIRTH (Apr 24, 1913), DATE OF INJURY (None), DATE OF DEATH (Apr 12, 1992).

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

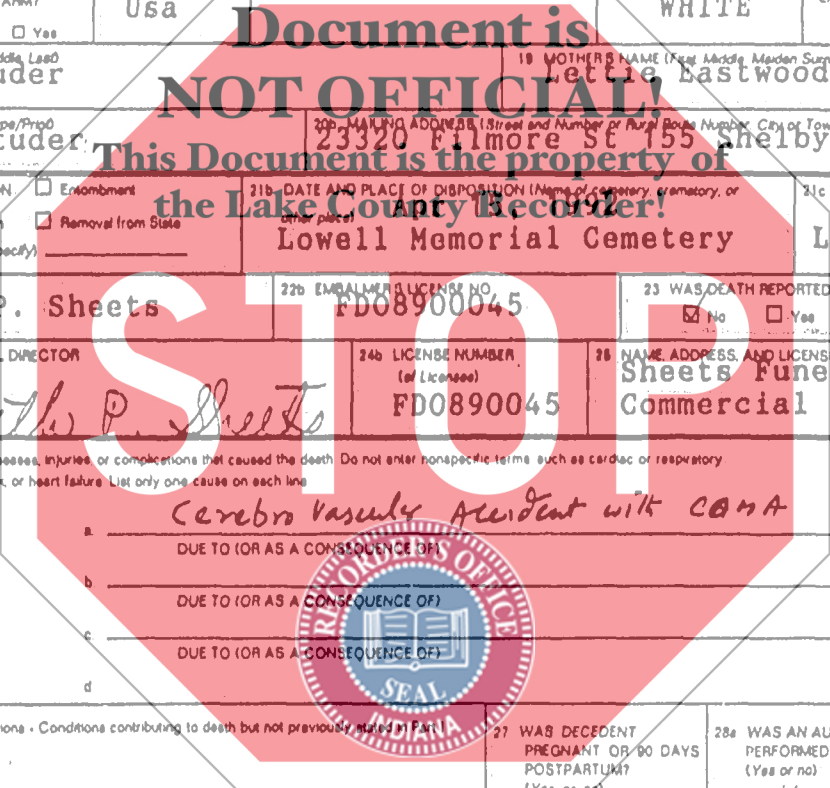
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

INDIANA DIVISION

FILE



3-120-142

2009 00161 CT

Lots 142, Block 12, Village of Shelby, PB 2, page 7