

Donald O'Sell
 Po Box 128
 Lowell IN
 46356

2106

92050969

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 086-87

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

Below for State Office Use

- A
- B
- C
- D
- E
- F
- G
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FILED
 JUL 19 1992
 FELLOWSHIP
 LICENSE NO. 24511
 EMBALMER'S NAME: Donald O'Sell
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]
 LICENSE NO. 24511
 STATE OF INDIANA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL RECORDS
 200 N. STATE ST. INDIANAPOLIS, IN 46204
 PHONE: (317) 443-2200

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED'S USUAL RESIDENCE AND PLACE OF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

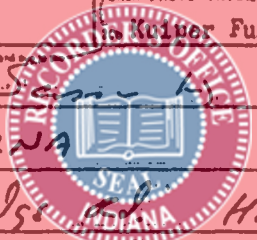
CONDITION OF ANY INJURY OR DISEASE TO WHICH DEATH IS ATTRIBUTED, GIVING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME Henry W. Christiansen		SEX Male	DATE OF BIRTH May 3, 1987
RACE Caucasian	AGE - Last Birthday 69	UNDER 1 YEAR MO: 10 DAYS: 24	UNDER 1 DAY HOURS: 12 MIN: 00
CITY, TOWN OR LOCATION OF DEATH Highland		HOSPITAL OR OTHER INSTITUTION 8947 Prairie Avenue	DATE OF DEATH August 10, 1987
STATE OF BIRTH Illinois	CITIZEN OR NATURALIZATION U.S.A.	MARRIAGE STATUS Married	SURVIVING SPOUSE Nina (Buchanan)
SOCIAL SECURITY NUMBER 316-09-9149	USUAL OCCUPATION Claims Adjuster (Retired)	KIND OF BUSINESS OR INDUSTRY Insurance: Business	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Highland	STREET AND NUMBER 8947*Prairie Avenue
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		IS RESIDENCE ON A FARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FATHER - NAME Henry W. Christiansen	MOTHER - MAIDEN NAME Edna Filson	INFORMANT - NAME (Type or Print) Nina Christiansen (Spouse)	
RELATIONSHIP Spouse		MARITAL ADDRESS 8947 Prairie Avenue Highland, Indiana 46322	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME Iuka Cemetery	LOCATION Iuka, Illinois
DATE May 6, 1987		FUNERAL HOME - NAME AND ADDRESS Kulver Funeral Home, 9039 Kleinman Rd. Highland, Indiana	
NAME OF ATTENDING PHYSICIAN (Type or Print) C. A. SERNA		DATE SIGNED 5/4/87	PLACE OF DEATH Home
ADDRESS - PHYSICIAN 2342 Ridge Road Highland, IN 46322		HEALTH OFFICER - NAME Barla Johnson	
IMMEDIATE CAUSE C. A. Serna		DATE RECEIVED BY LOCAL HEALTH OFFICER 5-7-87	
PART I (a) DUE TO OR AS A CONSEQUENCE OF C. A. Serna		PART II (a) DUE TO OR AS A CONSEQUENCE OF C. A. Serna	
PART I (b) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not referred to above		PART II (b) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not referred to above	

STOP

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AUG 10 9 36 AM '87
 ROBERT [Signature]

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

bcc [Signature]

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