

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. JAN 27 1975

TYPE OR PRINT PLAINLY WITH

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

HAMMOND HEALTH COMMISSIONER
 Date issued

EMBALMER'S NAME: William Huber
 LICENSE No. 146

FUNERAL DIRECTOR'S SIGNATURE: C. J. Huber
 LICENSE No. 680

92052331

Calumet Center 2nd L.2 B1.7, Key #32-109-2; unit #26

1008-177th Pl. Hammond, IN 46324
 Betty Wilson Mussler

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

Local No. 76

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
THOMAS		A.	KEIR	St.	MALE	January 24, 1975
1. RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White	5a. 76	5b.	5c.	6. 1-10-1899	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Hammond		7c. Yes	7d. St. Margarets			
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Illinois		9. U.S.A.		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 11. Irene Kralowetz		
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 305-20-3680		13a. Conductor		13b. Steel Mill		
RESIDENCE—STATE		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	FILED FOR RECORD
14a. Indiana		14b. Lake		14c. Yes	14d. North	STATE OF INDIANA LAKE COUNTY
STREET AND NUMBER		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		15. IS RESIDENT ON A FARM?		
14f. 1008-177th Place		14g. No		15. No		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Thomas				Keir	16. Clara	
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Irene Keir		17b. Wife		17c. 1008-177th Pl. Hammond Indiana		
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Complete Heart Block				2621
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Myocardial Infarction				2617
CAUSE		(c) Coronary Heart Disease				2617
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY: YES <input type="checkbox"/> NO <input type="checkbox"/>
		Kalamazoo Emphysema				19a. YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE & TIME OF DEATH		MONTH	DAY	YEAR	DATE SIGNED	MONTH DAY YEAR
20. 1 24 75					21a. F.G. Pamintuan	1 25 75
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHY. CODE NO.		
22a. Dr. F.G. Pamintuan M.D.		22b. F.G. Pamintuan				
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO		CITY OR TOWN STATE ZIP		
23. 7905 Calumet Avenue, Munster, Indiana 46321		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		
24a. Burial		24b. Elmwood			24c. Hammond, Indiana	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. 1-27-75		25a. C. J. Huber 722-168th St. Hammond, Indiana 46324				
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER				
25b. [Signature]		26. JAN 27 1975				

