

92054626

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 1539-88

State No.

1600
12
mai tows to: 7201 W. 136th Lane
Cedar Lake, In 46803
8/27/92
25-113-38, The Hickory, 276

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-29 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

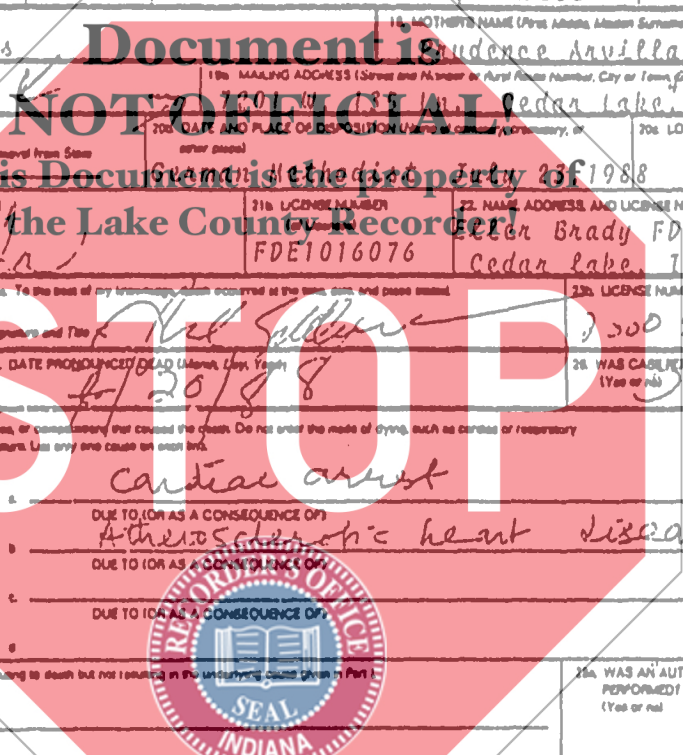
SEE
INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR
MEDICAL
EXAMINER USE
ONLY

1. DECEASED—NAME FIRST MIDDLE LAST Victor L. McDaniels		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 20, 1988
4. SOCIAL SECURITY NUMBER 341-14-6139		5a. AGE—Last Birthday (Year) 67	5b. UNDER 1 YEAR Months Days Hours Minutes
6. YEAR LAST SERVED IN U.S. ARMED FORCES 1948		6. PLACE OF BIRTH (Month, Day, Year) April 8, 1921	
7. BIRTHPLACE (City and State or Foreign Country) Metropolis, Ill.		8. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) St. Anthony		9b. CITY, TOWN OR LOCATION OF DEATH Crown Point	9c. COUNTY OF DEATH Lake
10. MARITAL STATUS—(Married, Never Married, Widowed, Divorced) Married	11. SPOUSE'S NAME (If wife, give maiden name) Mary Soldo	12. KIND OF BUSINESS/INDUSTRY Mattress Manufactu.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Cedar Lake	13d. STREET AND NUMBER 7201 W. 136th Lane
14a. INSIDE CITY LAST? (Yes or No) Yes	14b. FARM No	14c. ZIP CODE 46303	14d. WAS DECEASED OF HISPANIC ORIGIN (Specify No or Yes; if yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE—American Indian, Black, White, etc. (Specify) White		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (11-4 or 8+) 7	
17. FATHER'S NAME (First, Middle, Last) Rosco McDaniels		18. MOTHER'S NAME (First, Middle, Maiden Surname) Audience Avilla	
19a. INFORMANT'S NAME (Type/Print) Mary McDaniels		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, County, State) 7201 W. 136th Lane, Cedar Lake, In. 46303	19c. Relationship Wife
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. DATE AND PLACE OF DISPOSITION (Month, Day, Year, City, State) August 23, 1988 Cedar Lake, In.	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b. LICENSE NUMBER FDE1016076	21c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Cedar Brady FDH3000825 Cedar Lake, Indiana
22a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title of Certifier <i>[Signature]</i>		22b. LICENSE NUMBER 3000409	22c. DATE SIGNED (Month, Day, Year) 7/20/88
23. TIME OF DEATH 11:45 AM		24. DATE PRONOUNCED DEAD (Month, Day, Year) 7/20/88	
25. PART I Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. IMMEDIATE CAUSE (and disease or condition resulting in death) Cardiac arrest		26. WAS CAPABLE FOR MEDICAL EXAMINATION (Yes or No) Yes	
25. PART II Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. CAUSE (Disease or Injury Not Trauma or Injury Resulting in Death) LAST Atherosclerotic heart disease		27. WERE AUTOPTIES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No	
28. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29. SIGNATURE AND TITLE OF CERTIFIER Vijayadhar R. Sanjay	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)(Type/Print)		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	
32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Cause not determined		33a. DATE OF DEATH (Month, Day, Year) 7/20/88	33b. TIME OF DEATH 11:45 AM
34. PLACE OF DEATH—(If home, form street, house, or other building and (County))		35. LOCATION (Street and Number or Rural Route Number, City or Town, State) 7201 W. 136th Lane, Cedar Lake, Ind.	



STATE OF INDIANA
LAKE COUNTY
FEDERAL RECORD
AUG 27 1992
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