



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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
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- V \_\_\_\_\_
- W \_\_\_\_\_
- X \_\_\_\_\_
- Y \_\_\_\_\_
- Z \_\_\_\_\_

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH. ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

EMBALMER'S NAME Ronald A. Reed AD LICENSE No. 108

FUNERAL DIRECTOR'S SIGNATURE [Signature] AD LICENSE No. 94

Local No. 655-85

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED; IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION:

FUNERAL HOME No. 750

FUNERAL DIRECTOR'S SIGNATURE [Signature] AD LICENSE No. 94

STATE COUNTY HEALTH COMMISSIONER

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED NAME 1 <b>THOMAS D. BALL</b>		SEX <b>MALE</b>	DATE OF DEATH MONTH DAY YEAR <b>APRIL 3, 1985</b>
RACE 4 <b>White</b>	AGE 5b <b>57</b>	DATE OF BIRTH MONTH DAY YEAR 2/14/28	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH 7a <b>MUNSTER</b>		HOSPITAL OR OTHER INSTITUTION 7c <b>COMMUNITY HOSPITAL</b>	IF HOSP OR INST (Specify) (See Instructions) 7d <b>INPATIENT</b>
STATE OF BIRTH 8 <b>Indiana</b>	COUNTRY OF BIRTH 9 <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 <b>Married</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? 12 <b>Yes</b>
SOCIAL SECURITY NUMBER 13 <b>316-24-8890</b>		USUAL OCCUPATION 14a	KIND OF BUSINESS OR INDUSTRY 14b
RESIDENCE STATE 15a <b>INDIANA</b>	COUNTY 15b <b>LAKE</b>	CITY, TOWN OR LOCATION 15c <b>HIGHLAND</b>	
STREET AND NUMBER 16a <b>2023 38th St.</b>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 16i <b>Yes</b>
IS DECEASED OF SPANISH ORIGIN? 18g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER NAME 18 <b>Thomas Ball</b>	MOTHER MAIDEN NAME <b>Estelle Holewinski</b>		
INFORMANT NAME (Type or print) 18a <b>Marilyn Ball</b>	RELATIONSHIP <b>Wife</b>	MARRIAGE ADDRESS 18b <b>2023 38th Street</b>	CITY OR TOWN STATE ZIP <b>Highland, Indiana 46322</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>	CEMETERY OR CREMATORY 19b <b>Chapel Lawn Cemetery</b>	LOCATION CITY OR TOWN STATE 19c <b>Schererville, Indiana</b>	
DATE (MONTH DAY YEAR) 20a <b>April 5, 1985</b>	FUNERAL HOME NAME AND ADDRESS 20b <b>KUIPER FUNERAL HOME 9039 Kleinman Rd. Highland, IN 46322</b>		
By the last of my knowledge, death occurred on the _____ day of _____, 1985, at _____ 21a <b>Arvind E. Gandhi</b>	DATE SIGNED BY (Type or print) 21b <b>1-3-85</b>	HOUR OF DEATH 21c <b>3:28 A.M.</b>	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d <b>ARVIND E. GANDHI, M.D.</b>	MAILING ADDRESS - PHYSICIAN 21e <b>9112 COLLEGE BLVD, MUNSTER, IND. 46321</b>		
HEALTH OFFICER - SIGNATURE 22a <u>[Signature]</u>	DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>4-4-85</b>		
PART I (a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death <b>5 days</b>	
PART I (b) <b>Anoxic Encephalopathy</b>		Interval between onset and death <b>5 days</b>	
PART I (c) <b>Coronary Artery Disease</b>		Interval between onset and death <b>2 1/2 years</b>	
PART II OTHER SIGNIFICANT CONDITIONS (Specify) (See Instructions)			
PART III			

SBI 06-003 State Form 35430 REV. 10/77

**27-258-34, Melody Lane Gardens Add, all lot 34**  
**2/24/93 JY**

**FILED**

**FEB 24 1985**

*David N. Untch*  
AUDITOR LAKE COUNTY

**U1091**

AUTOPSY (Specify Yes or No)