

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

Below State Office Use

FILED

1983

NOV 3

James J. Krause

LICENSE No. 1982

FUNERAL HOME 306
FUNERAL DIRECTOR'S LICENSE No. 2012
ADULTS LAKE COUNTY

EMBALMER'S NAME James J. Krause

FUNERAL DIRECTOR'S SIGNATURE *James J. Krause*

Local No. 93017487
454-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED NAME Thomas M. Plummer		SEX Male	DATE OF DEATH (MONTH DAY YEAR) March 19, 1982
RACE White	AGE (YEAR MONTH DAY) 83	DATE OF BIRTH (MONTH DAY YEAR) 4-18-98	COUNTY OF DEATH Lake
CITY/TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION 289 Softwood Drive	IF HOSP OR INST (Specify type and name) 7d
STATE OF BIRTH Pennsylvania	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, WIDOWED, DIVORCED, SEPARATED Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify type and number) 12 No
SOCIAL SECURITY NUMBER 317-09-5595A	USUAL OCCUPATION Self-Employed	FIND OF BUSINESS OR INDUSTRY 14b Residential Contractor	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY/TOWN OR LOCATION Hobart	IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 289 Softwood Drive		INSIDE CITY LIMITS (Specify YES or NO) 161 Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME William Plummer (deceased)		MOTHER - MAIDEN NAME Martha Ellen Nagle (deceased)	
INFORMANT - NAME (Type or print) Ella Plummer, wife	RELATIONSHIP wife	MAILING ADDRESS 289 Softwood Drive, Hobart, Indiana 46342	STATE OF BIRTH Indiana
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery	LOCATION Merrillville, Indiana	STATE OF BIRTH Indiana
DATE (MONTH DAY YEAR) March 23, 1982	FUNERAL HOME - NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Edge Rd., Hobart	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 46342-4111	
NAME OF ATTENDING PHYSICIAN (Type or Print) John O. Carter M.D.		DATE SIGNED (Mo. Day Year) 3/22/82	HOURS OF DEATH 9:30 P.
MAILING ADDRESS - PHYSICIAN 295 Wisconsin Street, Hobart, Indiana 46342			
HEALTH OFFICER - SIGNATURE <i>John Frey</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-24-82	
PART I IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO OR AS A CONSEQUENCE OF (b) Arteriosclerosis Obliterans DUE TO OR AS A CONSEQUENCE OF (c) Arteriosclerosis		Interval between onset and death Unknown 15 yr. 15 yr.	
PART II OTHER SIGNIFICANT CONDITIONS Diabetic M. - Congruent Ed. Leg. Malnutrition - Dehydration		AUTOPSY (Specify Yes or No) 24 NO	

SBH 00-C03
REV. 10/77

State Form 35430

Malnutrition - Dehydration

600 cm

May 17-19-83
Crestwood Park
Age 43