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RECORD

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

FUNERAL DIRECTOR'S NAME SA [Signature] LICENSE No. 94

FUNERAL HOME No. 750

Homestead Gardens Master Add Lot 19 Block 1
Key # 27-260-19, unit #16
Local No. 1171-84

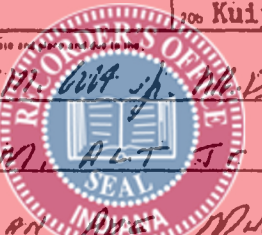
Southtown Estates 10th Add
to Highland Lot 442
Key # 27-323-1
State No. Unit #16

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. Unit #16

01282

DECEASED - NAME Harry Powell		SEX Male	DATE OF DEATH (MONTH DAY YEAR) June 22, 1984
RACE - (See page 2 of this form) Caucasian	AGE (Last Birthday) 57	DATE OF BIRTH (MONTH DAY YEAR) 10/26/26	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION Community Hospital	IF HOSP. OR INST. (See page 2 of this form) F.R.
STATE OF BIRTH (or that of U.S.A.) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (or other person's name) Vera (Rohrberg) Powell
SOCIAL SECURITY NUMBER 314-20-0983	USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Indiana Lake	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper worker	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Highland	KIND OF BUSINESS OR INDUSTRY Times Company
STREET AND NUMBER 3547 43rd Pl		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS (Specify town and county) Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER - NAME Harry Powell		MOTHER - MAIDEN NAME Maudie McGary	
INFORMANT - NAME (Type or print) Vera Powell (Spouse)		RELATIONSHIP Spouse	
MAILING ADDRESS - STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 3547 43rd Place Highland, Indiana 46322		CITY OR TOWN STATE ZIP Highland, Indiana	
RITUAL - CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE Chapel Lawn Cemetery Schererville, Indiana	
DATE (MONTH DAY YEAR) 6/25/84		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE, ZIP) Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana	
NAME OF ATTENDING PHYSICIAN (Type or Print) Edward M. Act J.D. M.D.		DATE SIGNED (Month Day Year) 6/23/1984	HOUR OF DEATH M
MAILING ADDRESS - PHYSICIAN 2550 Hubbard Ave. Munster, Ind		DATE RECEIVED BY LOCAL HEALTH OFFICER 6-25-84	
CONDITIONS IF ANY WHEN GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST			
PART - (a) Acute Myocardial Infarction		INTERVAL BETWEEN PART AND DEATH	
(b) Artery Coronary Artery Arteriosclerosis		INTERVAL BETWEEN PART AND DEATH	
(c) Congestive Heart Failure - Ventricular Myofibrillar - Rheumatoid Arthritis		INTERVAL BETWEEN PART AND DEATH	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART (a), (b), or (c))			



STATE OF INDIANA
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