

TYPE OR PRINT
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THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

Country Gardens
14 Bl 17
41-163-20

Carol N. Geisen
LICENSE No. 367

EMBALMER'S NAME: Norbert J. Geisen

FUNERAL DIRECTOR'S SIGNATURE: *Norbert J. Geisen*

FUNERAL HOME LICENSE No. 776

500

Local No. **1360-78**

93032402

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

391-A

DECEASED—NAME 1. Edgar W. Isom			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Oct. 28, 1978
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White	AGE—Last Birthday (Yrs) 5a. 82	UNDER 1 YEAR MOB. DATE	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. Sept. 13, 1896
CITY, TOWN OR LOCATION OF DEATH 7b. Hobart		HOSPITAL OR OTHER INSTITUTION—(Name if not on earlier page street and number) 7c. Mercy Medical Center		IF HOSP. OR INST. INDIAN DOA. OP. (Ind. Hosp. Imp. (Specify)) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If male, give maiden name) 11. Laura Jaimet	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. & No.) 12. Yes
SOCIAL SECURITY NUMBER 13. 313-07-0435		USUAL OCCUPATION (Give kind of work done during most of working life or last 12 months) 14a. Truck Driver-retired	KIND OF BUSINESS OR INDUSTRY 14b. Construction	
RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION 15. Indiana Lake Gary		STREET AND NUMBER 15d. 5135 Delaware St		IS RESIDENCE ON A FARM? (Specify Yr. & No.) 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 16. _____		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yr. & No.) 16b. Yes
FATHER—NAME FIRST MIDDLE LAST 16c. William Isom	MOTHER—MAIDEN NAME FIRST MIDDLE 17. Dora Bahre		STATE OF INDIANA'S S. NO. FILED FOR RECORD MAY 19 1978	
INFORMANT—NAME (Type of person) 18a. Laura Isom		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 5135 Delaware St. Gary, Indiana 46409	DISPOSITION 18c. Burial	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18c. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 18d. McDaniel Funeral Home Odd Fellows Cemetery	LOCATION 18e. Percy, Illinois	
DATE (MONTH, DAY, YEAR) 19. Nov. 1, 1978		FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 20. Geisen Funeral Home, Inc. 7905 Broadway, Merrillville, In 46410		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a. GEORGE F. SLAMA		DATE SIGNED (Mo., Day, Yr.) 21b. 10-30-78	HOUR OF DEATH 21c. 10:50A	
MAILING ADDRESS—PHYSICIAN 21d. Harmon St. Merrillville, IN 46307		HEALTH OFFICER—SIGNATURE 22. Pres. Tracy M.D.		
HEALTH OFFICER—SIGNATURE 22. Pres. Tracy M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 10-30-1978		
PART (a) IMMEDIATE CAUSE 23. CEREBRAL THROMBOSIS		ENTER ONLY ONE CAUSE PER LINE FOR (II) AND (III) CEREBRAL THROMBOSIS		Interval between onset and death 10 DAYS
PART (b) DUE TO, OR AS A CONSEQUENCE OF 24. _____				Interval between onset and death
PART (c) DUE TO OR AS A CONSEQUENCE OF 25. _____				Interval between onset and death
PART (d) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 26. _____				AUTOPOST (Specify Yes or No) 24. No

SBH 08-003 REV. 10/77

Sheldon H. Cohen 8585 B'way St 445 Merr. 46410