

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

Below for State Office Use

93033645

Local No. 391

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

*Richard D. Hallenbach*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FUNERAL HOME No. 153

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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

FUNERAL DIRECTOR'S LICENSE No. 2037

EMBALMER'S NAME E. Eugene Johnson  
FUNERAL DIRECTOR'S SIGNATURE E. Eugene Johnson

DATE JUN 4 1980  
FUNDING AGENCY Walter & Sons  
LICENSE No. 4496

DECEASED—NAME FIRST MIDDLE LAST <b>Robert M. Frisbie, Sr.</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>May 30, 1980</b>
RACE—(1) White (2) Black American Indian or (3) Spanish <b>White</b>	AGE—Last Birthday (Mo. Day Yr.) <b>38</b>	UNDER 1 YEAR MO. DATE HOURS MINS <b>5b</b>	UNDER 1 DAY DATE OF BIRTH (Mo. Day Yr.) <b>12-6-1941</b>
CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number) <b>St. Margaret's Hospital</b>	IF HOSP. OR INST. Indicate OOA (Specify) (Specify) <b>Inpatient</b>
STATE OF BIRTH (If not in U.S.A. name Country) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) <b>Sheila Schultz</b>
SOCIAL SECURITY NUMBER <b>306-38-8899</b>	USUAL OCCUPATION (If kind of work done during most of working life, specify) <b>Pumper</b>	KIND OF BUSINESS OR INDUSTRY <b>Energy Cooperative Inc.</b>	
RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION <b>Indiana Lake Whiting</b>	STREET AND NUMBER <b>1739 Brown St.</b>	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST <b>Robert L. Frisbie</b>	MOTHER—MAIDEN NAME FIRST LAST <b>Mildred Obelein</b>	STATE OF INDIANA FILED FOR LANE COUNTY JUN 12 AM 1980	
INFORMANT—NAME (Type or print) <b>Mrs. Sheila Frisbie</b>	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN <b>1739 Brown Ave., Whiting, Indiana 46394</b>	INSIDE CITY LIMITS (Specify if not) <b>Yes</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	CEMETERY OR CREMATORY—FUNERAL HOME <b>Holy Cross Cemetery</b>	LOCATION CITY OR TOWN STATE <b>Calumet City, Illinois</b>	STATE OF INDIANA FILED FOR LANE COUNTY JUN 12 AM 1980
DATE (MONTH, DAY, YEAR) <b>June 2, 1980</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Huber's Funeral Home, East Chicago, Indiana 46312</b>	DATE SIGNED (Mo., Day, Yr.) <b>June 2, 1980</b>	
NAME OF ATTENDING PHYSICIAN (Type or print) <i>James A. Leonard (M.D.)</i>		DATE OF DEATH <b>9:55 a.m.</b>	
MAILING ADDRESS—PHYSICIAN		MAY 24 1993	
HEALTH OFFICER—SIGNATURE <i>James A. Leonard</i>		DATE RECEIVED BY HEALTH OFFICER <b>JUN 4 1980</b>	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (I) AND (II)) <b>End Stage Renal Disease</b>		Interval between onset and death	
PART I (a) DUE TO OR AS A CONSEQUENCE OF	<b>Renal obstruction 2° to Adhesions 2° to abdominal surgery for Splenectomy - Nephrectomy</b>	Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF	<b>pregnancy to Renal Transplantation</b>	Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause (as in PART I)		AUTOPSY (Specify Part & No.) <b>945</b>	

SBH 08-003  
REV. 10/77

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. JUN - 4 1980

Disposition Permit Issued  
Provisional Certificate  
 Yes  No