


Registrar of Vital Statistics

Certified Copy

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Russell & Pamela Overla
14019 Soper Street
Cedar Lake IN 46303



THE FACE OF THIS DOCUMENT IS A COLORED BACKGROUND NOT A WHITE BACKGROUND

FORM VS 41-A
(Rev. 11/81)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

03308

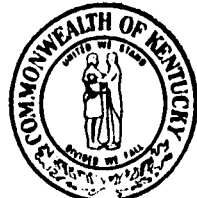
Registrar's No.

MUST
BE
TYPED

1. DECEDENT'S NAME (First, Middle, Last) JUNE V. SHOLTEY		2. SEX FEMALE		3. DATE OF DEATH (Month, Day, Year) JANUARY 21, 1994	
4. SOCIAL SECURITY NO. 371-01-2124		5a. AGE LAST BIRTHDAY (Years) 76	5b. UNDER 1 YEAR (Months) 0	5c. UNDER 1 DAY (Hours) 0	6. DATE OF BIRTH (Month, Day, Year) February 24, 1917
7. BIRTHPLACE (City/Town or Foreign Country) South Bend, IN		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No			
9a. FACILITY NAME (If not institution, give street and number) St. Elizabeth Hospital South		9b. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)			
10. FACILITY TYPE (If not institution, give street and number) St. Elizabeth Hospital South		11. CITY, TOWN, OR LOCATION OF DEATH Edgewood			
12. MARITAL STATUS (If not a common-law marriage) Widowed		13. DECEDENT'S USUAL OCCUPATION (If not done during most of working life, Do Not use retired) Co-Owner		14. KIND OF BUSINESS/INDUSTRY Appliance	
15. RESIDING STATE Indiana		16. COUNTY Lake County		17. CITY, TOWN, OR LOCATION Cedar Lake	
18. STREET AND NUMBER 14019 Soper Street		19. ZIP CODE 46303			
20. RACE - American (Specify) White		21. DECEDENT'S EDUCATION (Specify only high school or greater) High School			
22. FATHER'S NAME (First, Middle, Last) Mr. John Galk		23. MOTHER'S NAME (First, Middle, Maiden Surname) Miss Violet Shaffer			
24. INFORMANT'S NAME Mr. David Sholtey		25. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 703 Beaufort Circle, Duluth, GA 30136			
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fairview Cemetery		26c. LOCATION (City, Town or State) Bear Lake, Michigan	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		28. NAME AND ADDRESS OF FACILITY Linnemann Funeral Home, 30 Commonwealth Avenue, Erlanger, Kentucky 41018			
29. To the best of your knowledge, death occurred at the time, date and place and due to the causes stated Signature and Title <i>[Signature]</i>		30. DATE SIGNED 02 Feb. 1994		31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28) Orlady G. Walker, 20 Melvil Village Drive Edgewood Ky. #105	
32. TIME OF DEATH 9:05 P M		33. DATE PRONOUNCED DEAD (Month, Day, Year) JANUARY 21, 1994		34. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) No	
35. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock or heart failure. List only one cause in each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Intracerebral hemorrhage		36. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.			
37. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		38. DUE TO IOR AS A CONSEQUENCE OF:			
39. PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.		40. WAS AUTOPSY PERFORMED? (Yes or No)		41. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No)	
42. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		43. DATE OF INJURY (Month, Day, Year)		44. TIME OF INJURY (Hours)	
45. PLACE OF INJURY - At home, farm street, factory, office building, etc. (Specify)		46. LOCATION (Street and number or Rural Route Number, City or Town)			
47. REGISTRAR'S SIGNATURE Barbara F. White		48. DATE FILED (Month, Day, Year) FEB 14 1994			

#24-150-484

STATE OF INDIANA
LAKE COUNTY
FILED FEB 15 1994
APR 6 4 23 PM '94



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 14th day of Feb, 1994

00364
Barbara F. White
Barbara F. White, State Registrar