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Key # 27-357-41

Lakeside 9th Add. to Highland
All L. 298 N. 7 FT L. 299

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

94029707
354-82

Local No. _____

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

FUNERAL HOME
No. 303

FUNERAL DIRECTOR'S
LICENSE No. 1322

LAWRENCE MILLER
LICENSE No. 601

LAWRENCE MILLER

FUNERAL DIRECTOR'S
SIGNATURE

DECEASED

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

DECEASED—NAME 1. ETHEL R. MOLODET			SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MARCH 4, 1982	
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. WHITE	AGE—Last Birthday (Mo., Day, Yr.) 5a. 54	UNDER 1 YEAR 5b. _____	UNDER 1 DAY 5c. _____	DATE OF BIRTH (Mo., Day, Yr.) 6. JULY 29, 1927	
CITY, TOWN OR LOCATION OF DEATH 7a. HIGHLAND		HOSPITAL OR OTHER INSTITUTION—(Name if not an office; give street and number) 7c. 10034 4th ST.		IF HOSP OR INST. Indicate DOA OP-1 Mar. Rev. Indiana (Specify) 7d. _____	
STATE OF BIRTH (If not in U.S. & name country) 8. ILL.	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. GEORGE MOLODET	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. NO	
SOCIAL SECURITY NUMBER 13. 311-28-2263		USUAL OCCUPATION (Give kind of work done during most or working life; even if retired) 14a. HOUSEWIFE		KIND OF BUSINESS OR INDUSTRY 14b. _____	
RESIDENCE—STATE 15a. IND.	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. HIGHLAND			
STREET AND NUMBER 15d. 10034 4th. ST.			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify City or Town) 15f. YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME 16. WILLARD CULLUM		MOTHER—MAIDEN NAME 17. ETHEL HIGGINS			
INFORMANT—NAME (Type or print) 18a. GEORGE MOLODET		RELATIONSHIP 18b. HUSBAND	MAILING ADDRESS 18c. 10034 4th ST. HIGHLAND IND. 46322		
BURIAL CREMATION REMOVAL OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORY—(FURNERAL HOME) 19b. CHAPEL LAWN		LOCATION 19c. SCHERERVILLE IND.	
DATE (MONTH, DAY, YEAR) 20a. MARCH 6, 1982		FURNERAL HOME—NAME AND ADDRESS 20b. FAGEN-MILLER FUNERAL GARDENS HIGHLAND IND. 46322			
To the best of my knowledge, death occurred at the time, date and place stated on this certificate. 21a. Signature: <i>Anthony...</i>			DATE SIGNED (Mo., Day, Yr.) 21b. APR 19 1994	HOUR OF DEATH 21c. _____	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d. _____			MAILING ADDRESS—PHYSICIAN 21e. _____		
HEALTH OFFICER (Signature) 22a. _____			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 3-8-82		
PART I (IN) Myocardial Infarction			Interval between onset and death Sudden		
PART I (IN) MI - Corary Sec...			Interval between onset and death 1 yr.		
PART I (IN) Special Artery Sec... + Diabetes, Uterus			Interval between onset and death 10 yrs		
PART II (OTHER) _____			AUTOPSY (Specify Yes or No) NO		

31192

600