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

Below for State Office Use

94030142

Local No. 126-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. David — 2. O. — 3. Peterson — 4. Sex: Male — 5. Jan. 20, 1986

6. Race: White — 7. Age: 69 — Under 1 Year — Under 1 Day — 8. Date of Birth: Feb. 29, 1916 — 9. County of Death: Lake

10. City, Town or Location of Death: Munster — 11. Hospital or Other Institution: The Community Hospital — 12. If Hosp. Ent/Nrsg. Home: Inpatient

13. State of Birth: Illinois — 14. Citizen of What Country: U.S.A. — 15. Married, Never Married, Widowed, Divorced: Married — 16. Surviving Spouse: Vera Friwald — 17. Was Decedent Ever in U.S. Armed Forces? No

18. Social Security Number: 312-09-4640 — 19. Usual Occupation: Boilermaker — 20. Kind of Business or Industry: Union Organization

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

21. Residence-State: Indiana — 22. County: Lake — 23. City, Town or Location: Munster

24. Street and Number: 1430 Melbrook Dr. — 25. Is Residence on a Farm? YES ☐ NO ☒ — 26. Inside City Limits? Yes

27. Decedent of Spanish Descent? YES ☐ NO ☒ If yes specify Mexican, Cuban, Puerto Rican, etc.

PARENTS

28. Father's Name: David Peterson — 29. Mother's Maiden Name: Lena Emmel

30. Informant — Name: Vera Peterson — Relationship: WIFE — 31. Mailing Address: 1430 Melbrook Dr. Munster, Indiana

DISPOSITION

32. Information: Removal, Other: Burial — 33. Cemetery or Crematory — Funeral Home: Concordia Cemetery — 34. Location: Hammond, Indiana

35. Date: Jan. 23, 1986 — 36. Funeral Home — Name and Address: Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana

37. Signature: John W George — Date Signed — Hour of Death: 10:04 AM

M.D. OR D.O.

Name of Attending Physician (Please Print)

Mailing Address of Physician

38. Health Officer — Signature: Carl A. Johnson M.D. — Date Received by Local Health Officer: 1-21-86

CAUSE

PART I (a) Septic Shock

Due to, or as a consequence of: (b) Decubitus Ulcers

Due to, or as a consequence of: (c) Diabetes Mellitus

PART II Other Significant Conditions — Conditions contributing to death but not related to cause given in Part I (a)

39. Date of Operation — 40. Major Findings of Operation — 41. Autopsy? — 42. Were Findings Considered in Determining Cause of Death?

43. If Female — Pregnancy: Not Pregnant within past year — 44. Manner of Death: Natural — 45. If Accident, Specify: — 46. Place of Injury: — 47. Injury at Work? — 48. Time of Injury — 49. I Hereby Certify That I Attended the Deceased from Jan. 20, 1986 to Jan. 20, 1986 That I Last Saw Him Alive on Jan. 20, 1986 and That Death Occurred at the Time, Date and Place and Due to the Cause Stated.

FILED

APR 20 1994

Auditor Lake County, Indiana

SBH 06-003 (State Form 35430) REV. 10/77

EMBALMER'S NAME: Ronald A. Reed — LICENSE No. 108 — FUNERAL HOME — LICENSE No. 750

FUNERAL DIRECTOR'S SIGNATURE: [signature] — JAN 21 1986

STATE OF INDIANA — LAKE COUNTY — FILED — JAN 23 1986 — RECORDER

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