

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

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 11-85

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
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- 10 _____
- 11 _____
- 12 _____

FUNERAL HOME LICENSE No. _____
 FUNERAL DIRECTOR'S LICENSE No. _____
 EMBALMER'S NAME _____
 FUNERAL DIRECTOR'S SIGNATURE _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

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

DECEASED NAME ZERBIE KIBBY		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) JAN. 1, 1985
RACE BLACK	AGE 72	DATE OF BIRTH (MONTH DAY YEAR) AUG. 22, 1912	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH MUNSTER		HOSPITAL OR OTHER INSTITUTION COMMUNITY HOSPITAL	IF HOSP OR INST (Specify DOA Of Time For Treatment Specify) INPATIENT
STATE OF BIRTH MISSOURI	CITIZEN OF WHAT COUNTRY U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED MARRIED	SURVIVING SPOUSE (If wife give maiden name) EDDIE SHUTES
SOCIAL SECURITY NUMBER 354-09-4352		USUAL OCCUPATION (List a kind of work done during course of working life, except if retired) RETIRED	KIND OF BUSINESS OR INDUSTRY GENERAL AMERICAN
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION GARY	
STREET AND NUMBER 4309 W. 19TH PLAZA		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 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 SYLVESTER KIBBY		MOTHER - MAIDEN NAME NAIOMEE (UNKNOWN)	
INFORMANT - NAME (Type or print) EDDIE KIBBY - WIFE		RELATIONSHIP WIFE	
Mailing Address 4309 W. 19TH PLAZA GARY, INDIANA		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION		CEMETERY OR CREMATORY - FUNERAL HOME OAK HILL CEMETERY	
DATE (MONTH DAY YEAR) JANUARY 4, 1985		LOCATION CITY OR TOWN STATE GARY, INDIANA	
FUNERAL HOME - NAME AND ADDRESS ANDREW SMITH FUNERAL HOME 934 E. 21ST. AVE. GARY,		CITY OR TOWN STATE ZIP	
To the best of my knowledge death occurred at the time, date and place and due to the results stated 21a (Signature) Michael A. Keer D.O.		DATE SIGNED (Month Day Year) 1-1-85	HOUR OF DEATH 1:46 Am 1-1-85
NAME OF ATTENDING PHYSICIAN (Type or Print) MICHAEL A. KEER, D.O.			
MAILING ADDRESS - PHYSICIAN 8235 CALUMET AVE. MUNSTER, IND. 46321			
HEALTH OFFICER - SIGNATURE <i>Carol Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER APR 20 1994	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
(a) Acute Renal failure		3-4 days	
(b) Septicemia 2° to indwelling Foley catheter		3-4 day	
(c) pneumonia			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)
indwelling pace maker, multiple CVA's neurogenic bladder			

FILED

Anna M. Antrop
AUDITOR LAKE COUNTY

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