1

Local No. 45772-89

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

2777 Jasper
Lake Station

State No. 7 46405

Larry Harper

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED – NAME (First Middle Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH
Glen H. Jorgensen	Male	2:53 P.M.	November 8, 1989

4. SOCIAL SECURITY NUMBER	5a. AGE – Last Birthday (Years)	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	6. DATE OF BIRTH	7. BIRTHPLACE
359-26-4308	52			Mar. 5, 1937	Chicago, Il.

8a. WAS DECEDENT A US VETERAN?	8b. YEAR LAST SERVED IN US ARMED FORCES?	9a. PLACE OF DEATH
Yes	1960	HOSPITAL: [X] Inpatient

9b. FACILITY NAME	9c. CITY, TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Methodist Hospital Southlake Campus	Merrillville	Lake

10. MARITAL STATUS	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION	12b. KIND OF BUSINESS/INDUSTRY
Married	Loretta Payne	Owner	Auto Parts

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Merrillville	5205 E. 73rd

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE	17. DECEDENT'S EDUCATION
46410	Yes	No	U.S.A.	No	White	11

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME (First Middle Maiden Surname)
Christopher Jorgensen	Elva Retchlag

INFORMANT

20a. INFORMANT'S NAME	20b. MAILING ADDRESS	20c. Relationship
Loretta Jorgensen	5205 E. 73rd Merrillville, Indiana	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION	21c. LOCATION – City or Town, State
[X] Burial	November 11, 1989 Calumet Park Cemetery	Merrillville, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REFERRED TO CORONER?
Ronlad Reed	FDO 1001081	No

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
G A Kuiper	FDO 1014511	Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF)
Lung Cancer
DUE TO (OR AS A CONSEQUENCE OF)
DUE TO (OR AS A CONSEQUENCE OF)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM?	28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	NO	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

JUN 02 1995

Alexander S. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a. CERTIFIER (Check only one): [X] CERTIFYING PHYSICIAN – To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated.
[ ] HEALTH OFFICER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) as stated.
[ ] CORONER – On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED
Mridula Prasad	01032446	November 9, 1989

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26): Mridula Prasad, M.D. One Tower Plaza, 115 E. 89th Ave., Merrillville, IN 4641

HEALTH 31. HEALTH OFFICER'S SIGNATURE

#20-702-13

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95 JUN -2 AM 11:10 RECORDER

FILED

JUN 2 1995

SAM ORLICH
AUDITOR LAKE COUNTY

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