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

Below for State Office Use

A
B
C
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J

Margenaus Funeral Home Key # 35-145-2D D.F. # 429

FILED
MAY 31 1986
SAM ORLICH
AUDITOR LAKE COUNTY

EMBALMER'S NAME 3454 Bayless C. Paddack

LICENSE No. 3454

FUNERAL DIRECTOR'S LICENSE No. 295

Mercantile Natl
P.O. Box 249, Hammond
46325

Local No. 667

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No. 1889

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME: FIRST RICHARD MIDDLE STANLEY LAST ANDERSON
2. SEX: male
3. DATE OF DEATH (MONTH, DAY, YEAR): August 6, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): White
5. AGE—LAST BIRTHDAY (YEARS): 5a. 70
5b. UNDER 1 YEAR MOS.
5c. UNDER 1 DAY HOURS, MINS.
6. DATE OF BIRTH (MONTH, DAY, YEAR): 6. 9-27-1897
7. COUNTY OF DEATH: 7a. Lake
7b. CITY, TOWN, OR LOCATION OF DEATH: Hammond
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7d. I. O. O. F. St. Margaret Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Illinois
8a. CITIZEN OF WHAT COUNTRY: U. S. A.
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 9. married
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 10. Eugenia Wright
11. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 11a. Attorney
11b. KIND OF BUSINESS OR INDUSTRY: 11b. Legal profession
12. SOCIAL SECURITY NUMBER: 304-42-5041
13. RESIDENCE—STATE: 13a. Indiana
13b. COUNTY: 13b. Lake
13c. CITY, TOWN OR LOCATION: 13c. Hammond
13d. INSIDE CITY LIMITS (SPECIFY YES OR NO): 13d. yes
13e. OWNERSHIP: 13e. North
13f. STREET AND NUMBER: 13f. 7 Lawndale Street
13g. IS RESIDENCE ON A FARM? 13g. YES ☐ NO ☒

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

PARENTS

14. FATHER—NAME FIRST Nels MIDDLE F. LAST Anderson
15. MAIDEN NAME FIRST Mary MIDDLE Winn LAST Williams
16. INFORMANT—NAME: Mrs. Eugenia Anderson
17. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 17. 7 Lawndale Street, Hammond, Ind.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

18. IMMEDIATE CAUSE (a): Coronary Occlusion
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Heart Disease
DUE TO OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 hours

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO): 19a. no

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b.

CERTIFIER

DEATH OCCURRED (HOUR): 20a. 5:00 P.M.
THE DECEDENT WAS PRONOUNCED DEAD: MONTH August DAY 6th YEAR 1968 HOUR 5:10 P.M.
DATE SIGNED (MONTH, DAY, YEAR): 21a. August 7, 1968
20b.
CERTIFIER—NAME (TYPE OR PRINT): 22a. Dr. Paul Mericith, M. D.
SIGNATURE (DEGREE OR TITLE): Paul A Mericith MD
MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO.: 22b. 224 South Michigan Avenue
CITY OR TOWN: Chicago
STATE: Illinois
ZIP: 60604

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial
CEMETERY, CREMATORY, FUNERAL HOME: 24b. Elmwood Cemetery
LOCATION CITY OR TOWN STATE: 24c. Hammond, Indiana
FUNERAL HOME NUMBER: 284
DATE (MONTH, DAY, YEAR): 24d. Aug 8 1968
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Moerling-Paddack Chapel, 6020 Hohman Avenue, Hammond, Indiana 46320
FUNERAL DIRECTOR—SIGNATURE: Bayless C Paddack
HEALTH OFFICER—SIGNATURE: P E Trankenbush MD
DATE RECEIVED BY LOCAL HEALTH OFFICER: AUG 8 1968

SSN 6-76-2

Disposition Permit Issued
Provisional Certificate ☐ Yes ☐ No

STATE OF INDIANA LAKE COUNTY RECORDED FOR RECORD

1889

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