

112

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

Below for State Office Use

FILED
JUN 6 1995
#37-39-19

SAM ORLICH
AUDITOR GENERAL
INDIANA STATE BOARD OF HEALTH

LICENSE No.

FUNERAL DIRECTOR'S LICENSE No. 2497

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

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

HOLD FOR MARRIAGE C.

Local 95039842

State No.

OH 118-3

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS	DECEASED—NAME			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. <i>WILBERT FRANKLOW</i>			<i>M.</i>	<i>Nov 26 71</i>	
	RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	<i>4. WHITE</i>	<i>29</i>			<i>6 Mo 28 1942</i>	
DECEASED	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
	<i>7b. Hammond</i>		<i>7d. St. Margaret Hospital</i>			
	STATE OF BIRTH (IF NOT IN U.S.)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
	<i>8. Indiana</i>	<i>U.S.A.</i>	<i>10. NEVER</i>	<i>N/A</i>		
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY		
	<i>12. 307-40-6796</i>		<i>13a. Teacher</i>	<i>13b. SELF</i>		
	RESIDENCE—STATE	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
	<i>14a. IND</i>	<i>14b. Hammond</i>	<i>14c. YES</i>	<i>14d. NORTH</i>		
PARENTS	FATHER—NAME		MOTHER—MAIDEN NAME	IS RESIDENCE ON A FARM?		
	<i>14f. Rudolph Franklow</i>		<i>14g. Katherine Hess</i>	<i>14e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></i>		
	INFORMANT—NAME		RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
	<i>17a. Howard J. Franklow</i>		<i>17b. Brother</i>	<i>17c. SAME</i>		
CAUSE	PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	<i>18. IMMEDIATE CAUSE</i>			<i>1. Year</i>		
	<i>(a) Probably ventricular fibrillation</i>			<i>1-2 years</i>		
	<i>(b) Atherosclerotic coronary heart disease</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (A)			AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
			<i>19a. No</i>	<i>19b.</i>		
CERTIFIER	DEATH OCCURRED (HOURS)	THE DECEASED WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)		
	<i>20a. 3:00 P.M.</i>	<i>20b. 11 26 71</i>	<i>20c. 3:00 P.M.</i>	<i>11-30-71</i>		
	CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE	DEGREE OR TITLE	
	<i>22a. Gilbert H. White Jr.</i>			<i>22b. [Signature]</i>		
BURIAL	MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE	ZIP	
	<i>23. 6429 Kennedy</i>		<i>Hammond</i>	<i>IND</i>	<i>46328</i>	
	BURIAL, CREATION, REMOVAL (SPECIFY)	CEMETERY, CEMETORY, FUNERAL HOME	LOCATION	CITY OR TOWN	STATE	
	<i>24a. BURIAL</i>	<i>24b. Oak Hill</i>	<i>24c. Hammond</i>	<i>IND</i>	<i>286</i>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
<i>24d. Nov 29 71</i>		<i>24e. Vasek Huber F.N. 7051 Kennedy Hammond IND</i>				
FUNERAL DIRECTOR'S SIGNATURE		HEALTH OFFICER'S SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		
<i>25a. [Signature]</i>		<i>25b. [Signature]</i>		<i>26a. NOV 30 1971</i>		

