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Disposition Form
Issued 1/1
Provisional
Certificate
 Yes No

Local No. 3009-87

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

FUNERAL HOME
FDE101673
LICENSE NO.
FUNERAL DIRECTOR'S
LICENSE NO. FDE1014511
FDE101673
EDGAR GLEIM
FUNERAL DIRECTOR'S
SIGNATURE
C.A. King

DECEASED
IF THIS CERTIFICATE IS
REPRODUCED OR
REPRODUCED IN
WHOLE OR IN PART
WITHOUT THE
AUTHORITY OF THE
STATE BOARD OF
HEALTH

DECLASED—NAME Forrest R. Mc Cabe		SEX Male	DATE OF BIRTH 3/14/1934
RACE—White		AGE—53	CITY, TOWN OR LOCATION OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION— Community Hospital	
STATE OF BIRTH Indiana	COUNTRY OF BIRTH U.S.A.	MARRIAGE STATUS Married	SPOUSE'S NAME Janice Eminhizer
SOCIAL SECURITY NUMBER 308-34-7525		USUAL OCCUPATION Utility Clerk	NAME OF BUSINESS OR COMPANY Steel Company
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Griffith	
STREET AND NUMBER 209 N. Woodlawn Blvd.		IS DECEASED ON A FERRY <input type="checkbox"/>	WAS DECEASED WHILE AT SEA <input type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEDICAL, SOCIAL, PARENTS ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER—NAME Harry Mc Cabe		MOTHER—NAME Mary Elsey	
MARRIAGE—NAME Janice McCabe (Wife)		RELATIONSHIP Wife	
RESIDENCE ADDRESS 209 N. Woodlawn Blvd., Griffith, IN 46319		CITY, TOWN OR LOCATION Griffith, IN 46319	
FUNERAL CREMATION, REMOVAL, OTHER Burial		COUNTRY OF CREMATION—FUNERAL HOME Chapel Lawn Cemetery Schererville, IN	
DATE November 7, 1987		FUNERAL HOME—NAME AND ADDRESS Kuiper Funeral Home, 9039 Kleinman Rd., Highland, IN 46322	
ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN THE OPINION OF THE CORONER THE CAUSE OF DEATH IS Hypertrophic cardiomyopathy, left ventricle		DATE SIGNED 11/5/87	NAME OF CORONER DANIEL D. THOMAS
NAME AND ADDRESS OF CERTIFIER DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE SIGNED 11/4/87	NAME OF CERTIFIER DANIEL D. THOMAS
HEALING OFFICER—SIGNATURE <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 11-6-87	
PART I Hypertrophic cardiomyopathy, left ventricle		CAUSE Undetermined	
PART II Calcific aortic stenosis		CAUSE Undetermined	
ACQ. RACIAL FROM NAT'L OR FOREIGN SOURCE Natural		DATE OF ACQ. 11/5/87	NAME OF ACQ. DANIEL D. THOMAS
RACIAL AT BIRTH Natural		DATE OF BIRTH 3/14/1934	NAME OF BIRTH FORREST R. MC CABE

3008-9010

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10/2/87