

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

Below for State Office Use

A _____
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Disposition Permit Issued / /
Provisional Certificate
 Yes No

FUNERAL HOME
No. 241
FUNERAL DIRECTOR'S
LICENSE No. 336
EMBALMER'S NAME
William C. Geisen
FUNERAL DIRECTOR'S
SIGNATURE
William C. Geisen

10 CC

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 1003-76

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST Paul W Teddy I. Hufford			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 9/14/1976
1. RACE a. White	AGE—LAST BIRTHDAY (YEARS) Mo. 75	UNDER 1 YEAR Mo. 5b. DAYS	UNDER 1 DAY Hour 5c. MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 11/16/1900	COUNTY OF DEATH 7a. Lake	
7b. Crown Point		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Lake County Convalescent Home			
STATE OF BIRTH (IF NOT IN U.S.A.) NAME COUNTRY Indiana		CITIZEN OF WHAT COUNTRY 9. Yes USA		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Genevieve Carr		11. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 12. 312-05-2445		SOCIAL SECURITY NUMBER 13a. MITT Worker		KIND OF BUSINESS OR INDUSTRY 13b. US Steel Industry		
RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION 14a. Indiana 14b. Lake 14c. Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes		TOWNSHIP 14e. Calumet		
STREET AND NUMBER 14f. 4177 Monroe Street		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER—NAME FIRST MIDDLE LAST 15. Isaac L. Hufford		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Florence I. Jordan		INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. Genevieve Hufford 17b. Wife 17c. 4177 Monroe St., Gary, In.		
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				APR 17 1995 SAM ORLIC CLERK FOR LAKE COUNTY
18. IMMEDIATE CAUSE (a) <i>Senile Dementia</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Generalized arteriosclerosis</i> DUE TO, OR AS A CONSEQUENCE OF: (c)						
PART II OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) <i>Quintessence</i>		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. No 19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DATE & TIME OF DEATH 20. 9 14 1976 3:15A M.		DATE SIGNED 21a. <i>September 14, 1976</i>				
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. J.C. Espino, MD		SIGNATURE OF PHYSICIAN 22b. <i>J. Espino</i>		PHY. CODE NO. M.D.		
MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 23. 2900 W. 93rd Ave., Crown Point In. 46307		CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE 24a. Burial 24b. Chapel Lawn Cemetery 24c. Schererville, Indiana				
DISPOSITION DATE (MONTH, DAY, YEAR) 24d. Sept. 16, 1976		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Geisen Funeral Home, Inc. 3805 Adams St. Gary, Indiana 46408				
HEALTH OFFICER'S SIGNATURE 25b. <i>Peer J. Geisen M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. <i>September 14, 1976</i>				

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