

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

Below for State Office Use

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EMBALMER'S NAME  
 FUNERAL DIRECTOR'S SIGNATURE  
 LICENSE No. 201261  
 FUNERAL DIRECTOR'S LICENSE No. 201261  
 FUNERAL HOME No. 300725  
 PERMANENT RECORD INSTRUCTIONS SEE HANDBOOK

Independence Hill lot 3 Block 6 Key #15-11-3 unit #08  
 Local No. 2809-86  
 State No. \_\_\_\_\_

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

DECEASED'S NAME STATE OF INDIANA LAKE COUNTY F. JOHN FOR RECORD F. STOCKLER		SEX Male	DATE OF DEATH (MONTH DAY YEAR) October 19, 1986
RACE White	AGE - Last Birthday 97 OCT 16 9 AM 19: 32	DATE OF BIRTH (MO DAY YEAR) Nov. 10, 1916	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville	HOSPITAL OR OTHER INSTITUTION Methodist Hospital Southlake Campus	IF HOSP OR INST. Name of inst. give street and number 7d Inpatient	
STATE OF BIRTH Ohio	COUNTRY OF BIRTH USA	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (Name of wife give maiden name) 11 Dorothy Lackey
SOCIAL SECURITY NUMBER 269-18-8333	USUAL OCCUPATION Route Driver	KIND OF BUSINESS OR INDUSTRY 14b Greyhound Bus Lines	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION 15c Merrillville	
STREET AND NUMBER 18d 7906 Independence Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 Frank Stockler		MOTHER - MAIDEN NAME 17 Alzada Everett	
INFORMANT - NAME (Type or name) 18a Dorothy Stockler - Wife	RELATIONSHIP Wife	MAKING ADDRESS 18b 7906 Independence Street	CITY OR TOWN STATE ZIP Merrillville, Indiana 46410
BURIAL CREMATION REMOVAL OTHER 19a Cremation	CEMETERY OR CREMATORY - FUNERAL HOME 19b Oakland Memory Lane Cemetery	LOCATION 19c Dolton, Illinois	
DATE (MONTH DAY YEAR) 20a 10-21-86	FUNERAL HOME - NAME AND ADDRESS 20b Geisen Funeral Home Inc. 7905 Broadway	CITY OR TOWN STATE ZIP Merrillville, Indiana 46410	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a Shreyas Desai, M.D.		DATE SIGNED (Mo Day Year) 21b October 20, 1986	HOUR OF DEATH 21c 3:15 A. M.
MAXIMUM ADDRESS PHYSICIAN 21a 1500 So. Lake Park Avenue, Hobart, Indiana 46342		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-20-86	
HEALTH OFFICER - SIGNATURE 22a [Signature]		NAME DATE CAUSE 23 Cs. colon with liver metastasis	
CONDITIONS IF ANY WHICH GAVE RISE TO NAME DATE CAUSE STATING THE UNDERLYING CAUSE LAST 24		PART I 1. DUE TO OR AS A CONSEQUENCE OF	
CAUSE		PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I (a)	

**FILED**  
 OCT 15 1986  
 SAM ORLICH  
 AUDITOR LAKE COUNTY

286000

9001  
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