

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

Below for State Office Use

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- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

THIS CERTIFIES THE ABOVE IS A TRUE
COMPLETE COPY OF THE CERTIFICATE OF
DEATH ON FILE WITH THE LAKE COUNTY
HEALTH DEPT.

OCT 21

Alexander S. Miller
LAKE COUNTY HEALTH COMMISSIONER

Charlotte Vandertuik
3940 W 73rd Ave. Merrill, IA 56470

STATE OF INDIANA
LAKE COUNTY
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Key # 27-22-31

Local No. 3285-86

State No. _____

FUNERAL HOME
No. 750

FUNERAL DIRECTOR'S
LICENSE No. 94

LICENSE No. 1617

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS BY HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M. D. OR D. O.

CONDITIONS OF ANY UNDERLYING DISEASE THAT MAY BE RELATED TO THIS DEATH IF KNOWN TO THE DECEASED

CAUSE

DECEASED NAME 9707 Louise Helton		SEX Female		DATE OF DEATH MONTH DAY YEAR Dec. 22, 1986	
RACE White	AGE 63	UNDER 1 YEAR NO	INFORMANT'S NAME MORRIS	DATE OF BIRTH JUL 24 1923	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION The Medical Inn		IF NISP OR NIST Inpatient	
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED Married	SURVIVING SPOUSE Hans Helton		IF DECEASED EVER IN U.S. ARMED FORCES No
SOCIAL SECURITY NUMBER 315-12-6008		USUAL OCCUPATION Home Maker	KIND OF BUSINESS OR INDUSTRY Own Home		
RESIDENCE STATE Indiana	COUNTY Lake	CITY TOWN OR LOCATION Highland			
STREET AND NUMBER 9543 Spring St.			IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PHILIPPINE ETC. NO					
FATHER - NAME Euell Alexander		MOTHER MAIDEN NAME Eva Wertzberger			
INFORMANT NAME Hans Helton	RELATIONSHIP HUS.	MAILING ADDRESS 9543 Spring St. Highland, Indiana			
MANNER OF DEATH Burial		CEMETERY OR CREMATORY - FUNERAL HOME Chapel Lawn Cemetery		LOCATION Schererville, Indiana	
DATE Dec. 24, 1986		FUNERAL HOME NAME AND ADDRESS Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana			
SIGNATURE OF ATTENDING PHYSICIAN <i>Henry Michael</i>		DATE SIGNED 12-22-86	HOUR OF DEATH M		
HEALTH OFFICER SIGNATURE <i>Charles J. Johnson</i>					
DATE RECEIVED BY LOCAL HEALTH OFFICER 12-22-86					
IMMEDIATE CAUSE Respiratory Arrest		OTHER UNDERLYING CAUSE PER ICD-9 AND ICD-10 Metastatic Lung Cancer			
<p style="text-align: center;">SAM OBLICH AUDITOR LAKE COUNTY</p>					

SBH 06-003 State Form 35430
REV. 10/77

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