

62 OR POINT  
 WITH  
 KIM  
 TREATMENT  
 ABOVE  
 Below for State Office Use

THIS COPY OF THE CERTIFICATE OF DEATH IS TO BE FILED IN THE COUNTY HEALTH DEPT.  
 OCT 28 1980

Disposition Permit Issued  
 Provisional Certificate  
 Yes  No

9515 AC  
 11/11  
 22529  
 12288

EMBALMER'S NAME *Cornelia P. ...* ACCESS # *1451*  
 FUNERAL DIRECTOR'S NAME *C. P. ...*  
 FUNERAL DIRECTOR'S SIGNATURE

97081339

**INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH**

State No. *436*

*22-80* STATE OF INDIANA  
 DECEASED—NAME *LUCILLE BORD* FOWLER LAST  
 SEX *Female* DATE OF BIRTH *October 27*

AGE—Last Birthday *57* UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo. Day Yr.) *5-6-1923* COUNTY OF DEATH *Lake*

WHITE *White* 97 DEC 28 1980

CITY, TOWN OR LOCATION OF DEATH *Dyer* HOSPITAL OR OTHER INSTITUTION—Name if not in either part above and number *Our Lady of Mercy Hospital*

DATE OF BIRTH (Mo. Day Yr.) *Tenn.* CITIZENSHIP WHAT COUNTRY *U.S.A.* MARRIED, NEVER MARRIED, WIDOWED, DIVORCED *Married* SURVIVING SPOUSE (if one give maiden name) *Albert Fowler*

SOCIAL SECURITY NUMBER *311-32-9654* USUAL OCCUPATION (Give kind of work done during most of working life, year of record) *Home Maker* KIND OF BUSINESS OR INDUSTRY *Home*

RESIDENCE—STATE *Indiana* COUNTY *Lake* CITY, TOWN OR LOCATION *Gary*

STREET AND NUMBER *3625 W. 48th Place* NOV 25 1987

DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.

FATHER—NAME *SAM ORLICH* MARRIEN NAME *AUDITOR LAKE COUNTY*

MOTHER—NAME *Unavailable*

INFORMANT—NAME (Last or first) *Albert Fowler* MAILING ADDRESS *3625 W. 48th Place Gary, Indiana*

BURIAL, CREMATION, REMOVAL OTHER *Burial* CEMETERY OR CREMATORY—FUNERAL HOME *Caluriet Park Cemetery* LOCATION *Merrillville, Ind*

DATE *October 30, 1980* FUNERAL HOME—NAME AND ADDRESS *Kuiper F.H. 9039 Kleinman Rd. Highland*

NAME OF ATTENDING PHYSICIAN *Dr. Feliciano F. Jimenez* DATE SIGNED (Mo. Day Yr.) *10-28-80* HOUR OF DEATH *8:27/80*

MAILING ADDRESS—PHYSICIAN *800 Mac Arthur Blvd, Munster IND. 46321*

HEALTH OFFICER—SIGNATURE *John J. ... M.D.* DATE RECEIVED BY LOCAL HEALTH OFFICER *10-28-80*

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL AND IN) **CARDIO-RESPIRATORY FAILURE**

OR TO BE AS A CONSEQUENCE OF *Arterio-sclerosis Heart Disease, Chronic Obstr. Lung Disease, Asthma*

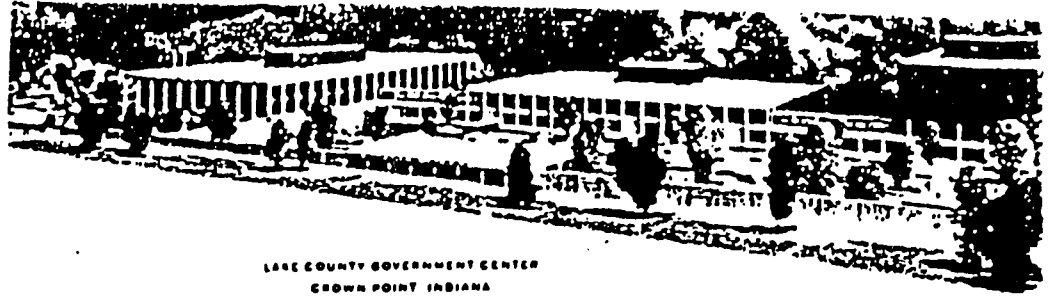
OR TO BE AS A CONSEQUENCE OF *Bronchitis, PNEUMONIA*

OTHER BODY OR SYSTEMS (Indicate conditions contributing to death but not listed above in Part I) *Renal FAILURE + SHOCK sec. to (a)*

SBH 08-003  
 REV 10/77

001568

Pinnacle Bank 8400 Lawrence Ave 410



LAKE COUNTY GOVERNMENT CENTER  
CROWN POINT INDIANA

PHONE 439

2293 N. MAIN STREET  
CROWN POINT, INDIANA 46307  
PHONE AREA CODE 219

LAKE COUNTY RECORDER

*Malvin W. Carter*

DISCLAIMER

This document has been recorded as presented.  
It may not meet with State of Indiana recordation  
requirements.