

**PORTER COUNTY BOARD OF HEALTH
CERTIFICATE OF DEATH**

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

Key # 43-53-26

TYPE/PRINT IN PERMANENT BLACK INK	1 DECEASED—NAME FIRST MIDDLE LAST CARL ROBERT ANDERSON						2 SEX Male	3 DATE OF DEATH (Mo Day Yr) March 14, 1988	
	4 SOCIAL SECURITY NUMBER 307-30-2819	5a AGE—Last Birthday (Years) 56	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) Dec. 7, 1931	7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana			
DECEDENT	8 YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						
	9b FACILITY NAME (If not institution, give street and number) Porter Memorial Hospital			9c CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9d COUNTY OF DEATH Porter			
PARENTS INFORMANT	10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Joann Sneiderwine		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heater		12b KIND OF BUSINESS/INDUSTRY Bethlehem Steel		
	13a RESIDENCE—STATE Indiana	13b COUNTY Porter	13c CITY, TOWN, OR LOCATION Portage		13d STREET AND NUMBER 2420 Ontario Street				
DISPOSITION	13e INSIDE CITY LIMITS? (Yes or no) Yes	13f FARM No	13g ZIP CODE 46368	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify		15 RACE—American Indian, Black, White, etc. (Specify) White		16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1	
	17 FATHER'S NAME (First Middle Last) Anders Paul Anderson				18 MOTHER'S NAME (First Middle Maiden Surname) Hedwig Kalen				
PRONOUNCING PHYSICIAN ONLY	19a INFORMANT'S NAME (Type/Print) Joann Anderson			19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2420 Ontario Street, Portage, Indiana 46368			19c Relationship Wife		
	20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mar. 18, 1988 Calumet Pk. Cemetery Merrillville, Indiana			20c LOCATION—City or Town, State			
ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH	21a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas G. Pruzin</i>		21b LICENSE NUMBER (of Licensee) 1009893		22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Pruzin Bros. Funeral Service 3002453 6360 Bdwy., Merrillville, IN 46410				
	23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <i>John A. Evans</i> Coroner of Porter County, Indiana		23b. LICENSE NUMBER 1012072		23c. DATE SIGNED (Month, Day, Year) Mar. 16, 1988				
SEE INSTRUCTIONS	24. TIME OF DEATH 11:06 PM M		25. DATE PRONOUNCED DEAD (Month, Day, Year) March 14, 1988			26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) Yes			
	27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Coronary Occlusion DUE TO (OR AS A CONSEQUENCE OF) Myocardial Infarction Sequitently list conditions if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 0 1997						Approximate Interval Between Onset and Death Min. 2 Weeks		
CAUSE OF DEATH	PART II Other significant conditions contributing to the death but not the underlying cause given in Part I. SAM OBILICH AUDITOR LAKE COUNTY				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		
	29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>John A. Evans</i> Coroner of Porter County, Indiana		29c. LICENSE NUMBER 1012072		29d. DATE SIGNED (Month, Day, Year) Mar. 16, 1988		
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) John A. Evans, 517 Broadway, Chesterton, Indiana 46304						31. HEALTH OFFICER'S SIGNATURE <i>Mary R. Babcock MD</i>		
	32. DATE FILED (Month, Day, Year) March 16, 1988								
CORONER OR MEDICAL EXAMINER USE ONLY	33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homocide		34a. DATE OF INJURY (Month, Day, Year) Mar. 14, 1988	34b. TIME OF INJURY 11:06 P.	34c. INJURY AT WORK? (Yes or no) Yes	34d. DESCRIBE HOW INJURY OCCURRED Suffered attack at work, taken to E.R.			
	34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Factory				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Bethlehem Steel, U.S. Hwy. 12, Burns Harbor, IN				

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FILED
SAM OBILICH
AUDITOR LAKE COUNTY

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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