

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Death No.

Local No. 744-74

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS	DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. Daisy M. Mueller			2. Female	3. July 5, 1974				
	RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
	4. White			5a. 60	5b.	5c.	6. 3/30/1914	7a. Lake	
DECEASED	CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
	7b. Hobart			7c. Yes	7d. St. Mary Medical Center D.O.A.				
	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
	8. Indiana			9. U.S.A.		10. Married		11. Paul Mueller	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
	12. 316-09-1032			13a. Homemaker			13b.		
	RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP			
	14a. Indiana	14b. Lake	14c. Merrillville		14d. Yes	14e. Ross			
PARENTS	STREET AND NUMBER			14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			15 RESIDENCE ON A FARM?		
	14f. 815 West 66th Place			No			14h. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
	15. John			Chester (dec)			16. Emma Emm (dec)		
INFORMANT—NAME	RELATIONSHIP			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
	17a. Paul Mueller			17b. Husband			17c. 815 W. 66th Pl. Merrillville, Ind.		
	PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								
	18 IMMEDIATE CAUSE								
(a) Carbon Monoxide Intoxication									
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST									
(b) DUE TO, OR AS A CONSEQUENCE OF:									
(c) DUE TO, OR AS A CONSEQUENCE OF:									
PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSING DEATH									
GIVEN IN PART I (A)									
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			DATE OF INJURY (MONTH, DAY, YEAR)			HOUR			
20a. Suicide			20b.			20c.			
INJURY AT WORK (SPECIFY YES OR NO)			PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION			
20e.			20f.			20g.			
CORONER'S CERTIFICATION									
R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.									
DEATH OCCURRED (HOUR)			THE DECEDENT WAS PRONOUNCED DEAD			DATE SIGNED (MONTH, DAY, YEAR)			
21a. M			21b. July 5, 1974			21c. 7 23 74			
CERTIFIER (CERTIFIER—NAME (TYPE OR PRINT))						SIGNATURE			
22a. William H. Mott, M.D.						22b. William H. Mott, M.D.			
MAILING ADDRESS—CERTIFIER						CITY OR TOWN			
23. 751 Washington Street						Gary Indiana 46402			
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY, CREMATORY, FUNERAL HOME			LOCATION			
24a. Burial			24b. Calumet Park Cemetery			24c. Merrillville, Indiana			
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. July 9, 1974			25a. Rees Funeral Home, Inc. 600 W. Ridge Rd. Hobart, Indiana 46344			24e.			
SIGNATURE OF HEALTH OFFICER						DATE RECEIVED BY LOCAL HEALTH OFFICER			
25b.						26a. Peter Stecy, M.D.			
25b.						26b. July 29, 1974			

OR PRINT
ONLY WITH
ADING INK
IS A
MANENT
RECORD

State Office Use

646

LICENSE No.

J. Krause

EMBALMER'S NAME

FUNERAL HOME

2012

FUNERAL DIRECTOR'S

Gerald V. Rees

FUNERAL DIRECTOR'S SIGNATURE

299

No.

2012

LICENSE No.

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HEALTH DEPARTMENT

DEC 29 1997 CAUSE

FILED
STATE OF INDIANA
LAKE COUNTY
RECORD
97 DEC 29 PM 2:42
SAM O'RICK
AUDITOR LAKE COUNTY
1997

9708914

97 DEC 29 PM 2:42

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STATE OF INDIANA
LAKE COUNTY
RECORD

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