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THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF
DEATH TO BE FILED WITH THE LAKE COUNTY
HEALTH DEPT.

JUN 5 1984
EMBALMER'S NAME: William A. Sheets
LICENSE No. 5346

FUNERAL HOME No. 427
FUNERAL DIRECTOR'S SIGNATURE: [Signature]
FUNERAL DIRECTOR'S LICENSE No. 2258

LAKE COUNTY HEALTH COMMISSIONER

M.D.
OR
D.O.

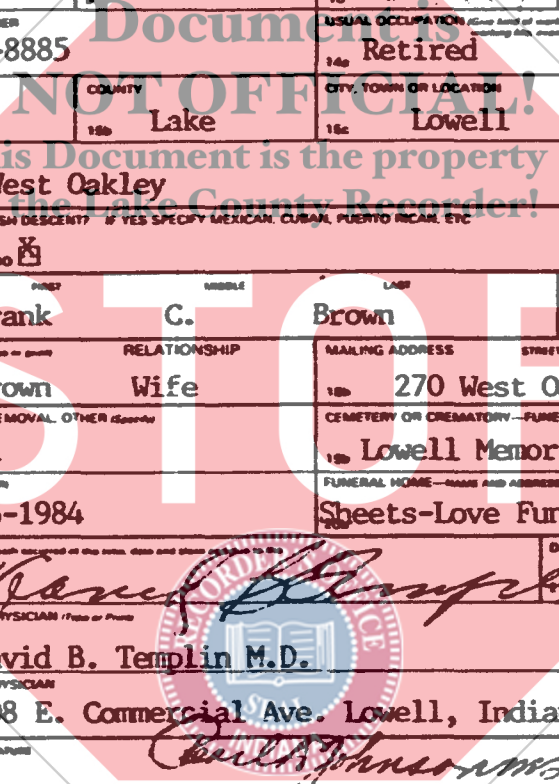
CAUSE

Local No. 1056-84
214949

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1 Lester W. Brown		SEX 2 Male	DATE OF DEATH MONTH DAY YEAR 3 6-3-1984
RACE 4 White	AGE—Last Birthday 5a 86	UNDER 1 YEAR 5b MONTHS DAYS 6 11 11	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b 980 Point, 60		HOSPITAL OR OTHER INSTITUTION 7c St. Anthony's Hospital	IF HOSP OR INST 7d Inpatient
STATE OF BIRTH 8 Illinois	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE 11 Ottie Baughman
SOCIAL SECURITY NUMBER 12 310-03-8885		USUAL OCCUPATION 13 Retired	KIND OF BUSINESS OR INDUSTRY 14 Sears Roebuck Co.
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Lowell	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15e 270 West Oakley		INSIDE CITY LIMITS 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 Frank C. Brown		MOTHER—MAIDEN NAME 17 Ella Calkins	
INFORMANT—NAME 18a Ottie Brown	RELATIONSHIP 18b Wife	MAILING ADDRESS 18c 270 West Oakley Lowell, Indiana 46356	DATE 18d 6-6-1984
BURIAL, CREMATION, REMOVAL, OTHER 19a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b Lowell Memorial Cemetery	LOCATION 19c Lowell, Indiana	FUNERAL HOME—NAME AND ADDRESS 20 Sheets-Love Funeral Home 604 E. Commercial Lowell, In. 46356
NAME OF ATTENDING PHYSICIAN 21a David B. Templin M.D.		DATE SIGNED 21b 6/4/84	HOUR OF DEATH 21c _____
MAILING ADDRESS—PHYSICIAN 21d 308 E. Commercial Ave. Lowell, Indiana 46356		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6-5-84	
HEALTH OFFICER—SIGNATURE 22a [Signature]		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not needed to state cause in PART I 23 Coronary Arteriosclerosis heart disease - failure 3 mo	
PART I 24 Coronary Arteriosclerosis heart disease - failure 3 mo		MANNER OF DEATH 25 Sudden	
PART II 26 Coronary Arteriosclerosis - endarterectomy		AUTOPSY 27 1 week	



9/2/84
Sheets

10000