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THIS IS A
PERMANENT
RECORD

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Disposition Permit
Issued 1/1
Provisional
Certificate
 Yes No

233 E WASH IN CRD AVE
HOBART IN 46342

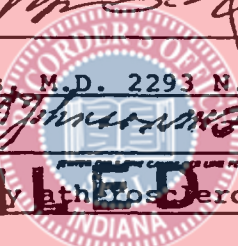
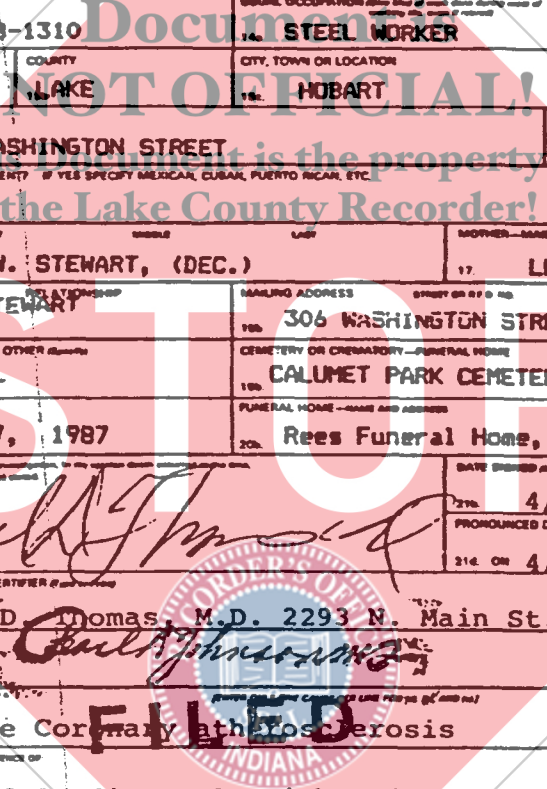
FUNERAL HOME
69060652
FUNERAL DIRECTOR'S
LICENSE NO. FDE1041083
EMBALMER'S NAME
PETER N. TORIKIS
FUNERAL DIRECTOR'S
SIGNATURE *[Signature]*

Local No. 832-817

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. 743CC

DECEASED—NAME ROBERT C. STEWART		SEX MALE	DATE OF BIRTH (MO., DAY, YEAR) APRIL 24, 1927
RACE—(as of White, Black, American Indian, and Japanese) WHITE	AGE—Last birthday (MO., DAY, YEAR) 64	UNDER 1 YEAR MO. DAY YEAR	UNDER 1 DAY HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH HOBART	HOSPITAL OR OTHER INSTITUTION—(Name if not in official files and number) ST. MARY'S MEDICAL CENTER	IF HOSP OR INST. Indicate DEPT. of State for Inspection (Number) Emergency Rm.	
STATE OF BIRTH (MO., DAY, YEAR) MISSISSIPPI	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	SURVIVING SPOUSE (if with give number name) MILDRED JONES
SOCIAL SECURITY NUMBER 428-28-1310	USUAL OCCUPATION (Show that of most time during week of death or last if retired) STEEL WORKER	KIND OF BUSINESS OR INDUSTRY U.S. STEEL CORPORATION	
RESIDENCE—STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION HOBART	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 306 WASHINGTON STREET	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INDICATE CITY LIMITS (Specify YES or NO) YES	
FATHER—NAME (LAST, FIRST, MIDDLE) JOHN W. STEWART, (DEC.)		MOTHER—MARRIED NAME (LAST, FIRST, MIDDLE) LENER STEWART, (DEC.)	
DECEASED'S NAME (LAST, FIRST, MIDDLE) MILDRED STEWART	MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) 306 WASHINGTON STREET, HOBART, IN 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	CEMETERY OR CREMATORY—(FURNERAL HOME) CALUMET PARK CEMETERY	LOCATION (CITY OR TOWN, STATE) MERRILLVILLE IN	
DATE (MONTH, DAY, YEAR) APRIL 27, 1987	FUNERAL HOME—(NAME AND ADDRESS) (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-8488	DATE ISSUED (MO., DAY, YEAR) 4/28/87	
NAME AND ADDRESS OF CERTIFIER (if not on file) Daniel D. Thomas, M.D., 2293 N. Main St., Crown Point, IN 46307		DATE DECEASED (MO., DAY, YEAR) 4/24/87	HOUR OF DEATH 01:10 A.M.
HEALTH OFFICER—(Signature) <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 4-29-87	PRONOUNCED DEAD (MO., DAY, YEAR) 4/24/87
PART I IMMEDIATE CAUSE Severe Coronary atherosclerosis		UNDERLYING CAUSE Undetermined	
PART II OTHER IMMEDIATE CAUSES—(Conditions contributing to death but not related to cause given in PART I) Marked Cardiomegaly with old Myocardial fibrosis and pericardial effusion		DATE OF DEATH AUG 18 1999	
PART III ACC. INJURY, HON. UNDET. OR PENDING INVEST. (Specify) Natural		DATE OF BLUARY (MO., DAY, YEAR) AUG 18 1999	PLACE OF BLUARY (Home, Farm, Street, Factory, Office Building, etc. (Specify)) LAKE COUNTY AUDITOR
29a		29b	29c



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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