

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA

LAKE COUNTY

FILED FOR RECORD

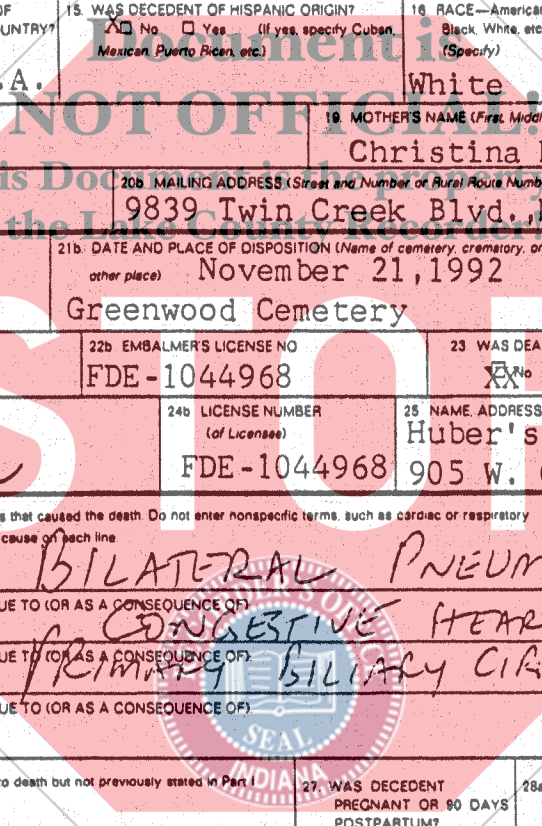
Local No. 2425-92

K# 30-79-2

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First Middle Last) Edna M. Anderson				2. SEX Female		3a. TIME OF DEATH 2:30p		3b. DATE OF DEATH (Month Day, Yr) November 18, 1992	
4. SOCIAL SECURITY NUMBER 312-50-2156		5a. AGE (Years) 99		5b. UNDER 1 YEAR 2 Months 25 Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Month Day, Yr) Aug. 23, 1903	
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana		8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -----		9a. PLACE OF DEATH (Check only one) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> (Specify) <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Community Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Widow		11. SURVIVING SPOUSE (If wife, give maiden name) -----		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner-Officer		12b. KIND OF BUSINESS/INDUSTRY Calumet Abrasives Co			
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 1610 Camellia Dr.			
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> 12th Grade College (1-4 or 5+) -----				18. FATHER'S NAME (First, Middle, Last) Frank G. Wall		19. MOTHER'S NAME (First, Middle, Maiden Surname) Christina Hult			
20a. INFORMANT'S NAME (Type/Print) Mr. John G. Anderson				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 9839 Twin Creek Blvd., Munster, Ind.		20c. Relationship Son			
21a. 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)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 21, 1992 Greenwood Cemetery		21c. LOCATION—City or Town, State Michigan City, Ind.					
22a. EMBALMER'S NAME E. Eugene Johnson		22b. EMBALMER'S LICENSE NO. FDE-1044968		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>E. Eugene Johnson</i>		24b. LICENSE NUMBER (of License) FDE-1044968		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Huber's Funeral Home-FDH-3001538 905 W. Chicago Ave., East Chgo. In					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, heart failure. List only one cause of each line. BILATERAL PNEUMONIA CONGESTIVE HEART FAILURE PRIMARY BILIARY CIRRHOSIS Approximate Interval Between Onset and Death									
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. DEC 30 1992									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -----					
29. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <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) as stated. <input type="checkbox"/> CORONER 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>Sirajuddin S. Khaja M.D.</i>		29c. MEDICAL LICENSE NO. 01032657		29d. DATE SIGNED (Month, Day, Year) 11-19-92					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Sirajuddin S. Khaja M.D. 921 Fran Lin Parkway Munster, IN 46321									
31. HEALTH OFFICER'S SIGNATURE								32. DATE FILED (Month, Day, Year) November 20, 1992	
33. MANNER OF DEATH <input 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"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED	
				FILED					
		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) OCT 13 1999		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 11:00 P.M.					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					
				PETER BENJAMIN LAKE COUNTY AUDITOR				000807 T	

Key # 30-79-2



99206178

### LEGAL DESCRIPTION

Lots 8, 9 and 10 in Block 1 in a Subdivision of part of Block 1, lying West of the Chicago and Calumet Terminal Railroad right of way, except the West 380 feet thereof, in a Subdivision of part of the West 1317.5 feet lying South of the Chicago and Calumet Terminal Railroad right of way, in the Southeast 1/4 of Section 29, Township 37 North, Range 9 West of the 2nd Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat Book 3 page 41, in Lake County, Indiana.

