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THIS IS A TRUE AND EXACT COPY OF THE RECORD ON FILE WITH
THE MADISON COUNTY HEALTH DEPARTMENT.

Eugene Sulman SIGNATURE OF LOCAL REGISTRAR
STATE OF ALABAMA
Nov. 12, 1996 DATE FILED FOR RECORD

2000 029406 2000 MAY -1 TH 2:01
ALABAMA

MORRIS W. CARTER
CERTIFICATE OF DEATH
RECORDED 101

TYPE IN PERMANENT
BLACK INK DO NOT
USE GREEN, RED, OR
BLUE INK

County
File
Number

RAYMOND AUGUST TEITGE SSN 317-20-5382
SHIRLEY JEAN SCHEIDT

1 DECEASED - NAME: First Middle Last (Type last name all capitals) Raymond August TEITGE			2 DATE OF DEATH (Month, Day, Year) November 10, 1996		3 COUNTY OF DEATH Madison		
4 CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Huntsville 35801				5 INSIDE CITY LIMITS (Specify Yes or No) Yes		6 PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION - (If not in either, give street and number) Huntsville Hospital	
7 IF HOSPITAL (Specify Inpatient, FR or Outpatient, DOA) ER			8 OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9 RACE - (Specify American Indian, Black, White, etc.) White		10 SEX Male
11 AGE 72 YRS		12 UNDER 1 YEAR MOS		13 DATE OF BIRTH (Month, Day, Year) August 28, 1924		14 DECEASED'S SOCIAL SECURITY NUMBER 317-20-5382	
15 EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 10			16 MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17 SURVIVING SPOUSE (If wife, give maiden name) Shirley Jean Scheidt		18 Was Decedent ever in Armed Forces (Specify Yes or No) Yes
19 STATE OF BIRTH (If not in USA, name country) Indiana		20 RESIDENCE STATE Indiana		21 COUNTY Lake		22 CITY, TOWN, OR LOCATION AND ZIP CODE Gary 46408	
23 INSIDE CITY LIMITS (Specify Yes or No) Yes		24 STREET AND NUMBER 4665 Ross Road		25 INFORMANT - Name and Address Mrs. Shirley Teitge 4665 Ross Road Gary, Indiana 46408			
26 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Co-Owner				27 KIND OF BUSINESS OR INDUSTRY Bus Company - Transportation			
28 FATHER - NAME First Middle Last Edward Teitge		29 MAIDEN NAME OF MOTHER - First Middle Last Olga Gurbbe		30 DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31 DATE OF DISPOSITION (Month, Day, Year) Nov. 14, 1996	
32 CEMETERY OR CREMATORY - Name Calumet Park Cemetery		33 LOCATION (City or Town, State) Merrillville, Indiana		34 FUNERAL HOME - Name and Address Laughlin Service 2320 Bob Wallace Ave. Hsv, Al. 35805		35 FUNERAL DIRECTOR - Signature <i>John R. Purdy</i>	
36 DATE SIGNED BY FUNERAL DIRECTOR Nov. 12, 1996		37 <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death) To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Coroner Signature: <i>Thomas J. Calvert</i>		38 DATE SIGNED (Month, Day, Year) 10 Nov 96		39 TIME AND DATE OF DEATH 0127 10 Nov 96	
40 DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41 NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <i>Thomas J. Calvert M.D.</i>		42 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 101 Sivley Rd. SE, Huntsville, AL 35801		43 CERTIFIER LICENSE NUMBER 19440	
44 REGISTRAR - Signature <i>Eugene Sulman</i>		45 DATE FILED (Month, Day, Year) Nov. 12, 1996		46 FOR STATE OF COUNTY USE ONLY AL 19440 AC 2785129		47 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	

MEDICAL CERTIFICATION

46 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		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sudden Death -		FILED	
Due to (or as a consequence of)			
b. Coronary Artery Disease		MAY 01 2000	
Due to (or as a consequence of)			
c. PETER BENJAMIN			
Due to (or as a consequence of)			
47 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		LAKE COUNTY AUDITOR	
48 MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined, Circumstances, Pending Investigation, Natural Cause) Natural Cause		50 AUTOPSY (Specify Yes or No) NO	
51 If yes, were findings considered in determining cause of death? (Specify Yes or No) 9.00		52 HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II)	
53 DATE OF INJURY (Month, Day, Year)		54 HOUR OF INJURY CS M	
55 INJURY AT WORK (Specify Yes or No)		56 PLACE OF INJURY - (Specify at home, farm, street, factory, office building, etc.) 00669	
57 LOCATION OF INJURY (Street or RFD No., City or Town, State)			

This is a legal record and must be filed within five (5) days after death.

ANY ALTERATIONS VOID THIS DOCUMENT

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DECEASED

BURIAL

CERTIFIER

CAUSE