

TYPE OR PRINT  
PLAINLY, WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

EMBALMER'S NAME.....Edgar Gleim  
 FUNERAL DIRECTOR'S SIGNATURE.....*Cap. King*  
 LICENSE No. 1617  
**FILED**  
 FUNERAL DIRECTOR'S LICENSE No. 94  
 SEP 11 2000  
 PETER BENJAMIN  
 LAKE COUNTY AUDITOR  
 FUNERAL HOME No. 750

2000-065831  
 Local No. 2818-86

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No. #39-50-51

DECEASED - NAME <b>Porter R. Breden</b>		SEX <b>Male</b>	DATE OF DEATH <b>October 20, 1986</b>
RACE <b>White</b>	AGE <b>65.83</b>	DATE OF BIRTH <b>Nov. 6, 1918</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Munster</b>		HOSPITAL OR OTHER INSTITUTION <b>St. Joseph's Hospital</b>	IF HOSP OR INST. NAME OF ROOM <b>Emer Rm</b>
STATE OF BIRTH <b>Tenn.</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED - NEVER MARRIED <b>Married</b>	WAS DECEASED EVER IN A "MARRIED FURNACE" <b>Yes</b>
SOCIAL SECURITY NUMBER <b>252-26-2819</b>	USUAL OCCUPATION <b>Retired Iron Worker</b>	KIND OF BUSINESS OR INDUSTRY <b>Steel</b>	
RESIDENCE - STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Griffith</b>	
STREET AND NUMBER <b>339 North Colfax</b>		IS RESIDENCE ON A FARM <input type="checkbox"/>	INSIDE CITY LIMITS <input type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER - NAME <b>Arthur Breden</b>	MOTHER - MARRIED NAME <b>Hettie Bates</b>		
DECEASED - NAME <b>Gena Fay Breden</b>	RELATIONSHIP <b>Wife</b>	RESIDING ADDRESS <b>339 North Colfax Griffith, Indiana 46319</b>	
DISPOSITION <b>Burial</b>		CEMETERY OR CREMATORIAL - FUNERAL HOME <b>Calumet Park Cemetery</b>	LOCATION <b>Merrillville, Indiana</b>
DATE <b>October 23, 1986</b>		FUNERAL HOME - NAME AND ADDRESS <b>Kulper Funeral Home 9039 Kleinman Rd. Highland, IN 46322</b>	
NAME OF ATTENDING PHYSICIAN <i>Walter R. [Signature]</i>		DATE SIGNED <b>10/21/86</b>	HOUR OF DEATH <b>5</b>
HEALTH OFFICER - SIGNATURE <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>10-21-86</b>	
PART I <b>Cardiopulmonary arrest</b>		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.	
PART II <b>Acute myocardial infarction</b>		MINUTES	
PART III <b>Coronary Artery disease</b>		SEPT 11 2000	
PART IV <b>Abdominal Aortic Aneurysm</b>		NO	

SBH 06-003 State Form 35430  
 REV. 10/77

*Alexander Williams MD*  
 LAKE COUNTY HEALTH COMMISSIONER

9.00  
 21.  
 05

DocuSign  
 NOT OFFICIAL!  
 This Document is the property of  
 the Lake County Recorder!