

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 _____

Charles Johnson
LAKE COUNTY HEALTH COMMISSIONER

MAY 24 1985

EMBALMER'S NAME William A. Sheets SIGNATURE _____
 FURNAL DIRECTOR'S _____
 FURNAL HOME _____
 LICENSE No. _____



INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 991-85 State No. _____

1. DECEASED—NAME: FIRST Sarah MIDDLE Keturah LAST Hall SEX Female DATE OF DEATH (MONTH DAY YEAR) 5-20-1985

2. RACE—(As White, Black, American Indian, etc.) White AGE—(Last Birthday) 55 UNDER 1 YEAR: MOS 5 DAYS 5 HOURS 5 MINS 5 UNDER 1 DAY: HOURS 5 MINS 5 DATE OF BIRTH (Mo Day Yr) 7-16-1929 COUNTY OF DEATH Lake

3. CITY, TOWN OR LOCATION OF DEATH Crown Point HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) St Anthony's Hospital IF HOSP OR INST indicates ODA of Emer. Im. treatment (Specify) Inpatient

4. STATE OF BIRTH (If not in U.S.A. name country) Indiana CITIZEN OF WHAT COUNTRY USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married SURVIVING SPOUSE (If wife give maiden name) James W. Hall DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No

5. SOCIAL SECURITY NUMBER 315-28-1913 USUAL OCCUPATION (Give kind of work done during past of working life even if retired) Homemaker KIND OF BUSINESS OR INDUSTRY Own Home

6. RESIDENCE—STATE Indiana COUNTY Lake CITY, TOWN OR LOCATION Shelby 14a Homemaker 14b Own Home 14c Other (Specify) _____

7. STREET AND NUMBER P. O. Box 134 IS RESIDENCE ON A FARM? YES NO 15a P. O. Box 134 15b P. O. Box 134 15c Other (Specify) _____

8. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES NO 16a YES NO 16b YES NO 16c Other (Specify) _____

9. FATHER—NAME FIRST Clarence MIDDLE Vorne LAST Sayers MOTHER—MAIDEN NAME FIRST Odessa MIDDLE K. LAST Johnson

10. INFORMANT—NAME (Type or print) James W. Hall RELATIONSHIP Husband MAILING ADDRESS P. O. Box 134 CITY OR TOWN Shelby, Indiana STATE Indiana ZIP 46377

11. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial CEMETERY OR CREMATORY—FUNERAL HOME Orchard Grove Cemetery LOCATION Lowell, Indiana CITY OR TOWN Lowell, Indiana STATE Indiana

12. DATE (MONTH, DAY, YEAR) 5-23-1985 FUNERAL HOME—NAME AND ADDRESS Sheets-Love Funeral Home 604 E. Commercial Lowell, Indiana 46356 (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP)

13. To the best of my knowledge, death occurred at the time, date and place and due to the cause stated James W. Hall D.O. DATE SIGNED (Mo. Day, Yr) 5-22-85 HOUR OF DEATH 11:18 a.m.

14. NAME OF ATTENDING PHYSICIAN (Type or print) James W. Geitelman D. O. MAILING ADDRESS—PHYSICIAN _____

20. HEALTH OFFICER—SIGNATURE Clarence Johnson M.D. DATE RECEIVED BY LOCAL HEALTH OFFICER 5-24-85

21. IMMEDIATE CAUSE Cardiopulmonary Arrest INTERVAL BETWEEN ONSET AND DEATH _____

22. DUE TO OR AS A CONSEQUENCE OF PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 000500 FEW DAYS

23. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a) CAECINOMA OF THE BLADDER, BACTEREMIA ESSENTIAL HYPERTENSION INTERVAL BETWEEN ONSET AND DEATH 9-7

24. AUTOPSY (Specify Yes or No) _____