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PLAINLY, WITH
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THIS IS A
PERMANENT
RECORD

Below for State Office Use

EMBALMER'S NAME Edgar Gleim LICENSE No. 1617
 FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S LICENSE No. 94 FUNERAL HOME No. 750

Local No. 254986 INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

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DECEASED - NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
Richard		N.		Spitz		Male		2		Sept. 3, 1986	
1 RACE - In U.S. Birth American Indian, Alaska Native, Hawaiian, Other Pacific Islander		4 White		5a AGE - Last birthday		5b MOS		5c UNDER 1 YEAR		5d UNDER 1 DAY	
58		58		58		58		58		58	
7b CITY, TOWN OR LOCATION OF DEATH		7c HOSPITAL OR OTHER INSTITUTION		7d IF HOSP OR INST indicate DOA (DP Enter: Kin, Inpatient, Skilled)		7e IF HOSP OR INST indicate DOA (DP Enter: Kin, Inpatient, Skilled)		7f IF HOSP OR INST indicate DOA (DP Enter: Kin, Inpatient, Skilled)		7g IF HOSP OR INST indicate DOA (DP Enter: Kin, Inpatient, Skilled)	
Hobart		St. Mary Medical Center		Inpatient		Inpatient		Inpatient		Inpatient	
8 STATE OF BIRTH (If not in U.S.A. name country)		9 CITIZEN OF WHAT COUNTRY		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11 SURVIVING SPOUSE (If wife, give maiden name)		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify: Yes or No)		13 YES	
Indiana		U.S.A.		Married		Jo Ann Van Horssean		Yes		Yes	
13 SOCIAL SECURITY NUMBER		14a USUAL OCCUPATION (Give kind of work done during most 12 months (If none, list profession))		14b KIND OF BUSINESS OR INDUSTRY		14c IS RESIDENCE ON A FARM?		14d INSIDE CITY LIMITS (Specify Yes or No)		14e YES	
715-01-0131		Mechanic		011 Co.		NO		Yes		Yes	
15a RESIDENCE - STATE		15b COUNTY		15c CITY, TOWN OR LOCATION		15d IS DECEASED OF SPANISH DESCENT? IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		15e YES		15f NO	
Indiana		Lake		Griffith		NO		NO		NO	
15a STREET AND NUMBER		15b CITY, TOWN OR LOCATION		15c MOTHER MAIDEN NAME		15d MOTHER MAIDEN NAME		15e MOTHER MAIDEN NAME		15f MOTHER MAIDEN NAME	
201 N. Arbogast		Griffith		Mary		Mary		Mary		Mary	
16 FATHER - NAME		16 MIDDLE		16 LAST		16 FIRST		16 MIDDLE		16 LAST	
Joseph		Spitz		Spitz		Mary		Becker		Becker	
17 INFORMANT - NAME (Type or print)		17 RELATIONSHIP		17 MARRIAGE ADDRESS		17 STREET OR RFD NO.		17 CITY OR TOWN		17 STATE	
Jo Ann Spitz		WIFE		201 N. Arbogast		Griffith, Indiana		Griffith, Indiana		Griffith, Indiana	
18a BURIAL, CREMATION, REMOVAL, OTHER (Specify)		18b CEMETERY OR CREMATORY - FUNERAL HOME		18c LOCATION		18d CITY OR TOWN		18e STATE		18f STATE	
Burial		Chapel Lawn Cemetery		Scherrerville, Indiana		Scherrerville, Indiana		Scherrerville, Indiana		Scherrerville, Indiana	
19a DATE (MONTH, DAY, YEAR)		19b FUNERAL HOME - NAME AND ADDRESS		19c (STREET OR RFD NO. CITY OR TOWN, STATE ZIP)		19d (STREET OR RFD NO. CITY OR TOWN, STATE ZIP)		19e (STREET OR RFD NO. CITY OR TOWN, STATE ZIP)		19f (STREET OR RFD NO. CITY OR TOWN, STATE ZIP)	
Sept. 6, 1986		206 Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana		Scherrerville, Indiana		Scherrerville, Indiana		Scherrerville, Indiana		Scherrerville, Indiana	
20c To the best of my knowledge (If not occupied at the time, date and place died due to the cause stated)		20d DATE SIGNED (M, Day, Y)		20e HOUR OF DEATH		20f (M, Day, Y)		20g (M, Day, Y)		20h (M, Day, Y)	
Sept. 6, 1986		4 Sep 86		12:45 A		12:45 A		12:45 A		12:45 A	
21a NAME OF ATTENDING PHYSICIAN (Type or print)		21b M.D. OR D.O.		21c MAILING ADDRESS - PHYSICIAN		21d HEALTH OFFICER		21e DATE RECEIVED BY HEALTH OFFICER		21f (M, Day, Y)	
John T. Buckley, M.D.		M.D.		[Address]		[Signature]		9-4-86		9-4-86	
22a HEALTH OFFICER'S SIGNATURE		22b DATE RECEIVED BY HEALTH OFFICER		22c (M, Day, Y)		22d (M, Day, Y)		22e (M, Day, Y)		22f (M, Day, Y)	
[Signature]		9-4-86		9-4-86		9-4-86		9-4-86		9-4-86	
23 PART I IMMEDIATE CAUSE		23a (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))		23b (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))		23c (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))		23d (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))		23e (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))	
Congestive Heart Failure		Ischemic Heart Disease with Inferior Myocardial Infarction (old) - Class IV		one year		one year		one year		one year	
24 PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)		24a (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))		24b (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))		24c (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))		24d (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))		24e (ENTER ONE OR MORE CAUSES PER LINE (CON. IN 2b AND 11c))	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	