

Local No. 1571-82

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. 82-032242

EMBALMER'S NAME James J. Krause
FUNERAL DIRECTOR'S SIGNATURE Gerald V. Rees
LICENSE No. 646
FUNERAL DIRECTOR'S LICENSE No. 2012
FUNERAL HOME No. 306

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK	1. DECEASED—NAME FIRST MIDDLE LAST Evert G. Anderson			2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) September 23, 1982	
	4. RACE—(e.g. White, Black, American Indian, etc.) (Specify)	5a. AGE—Last Birthday (Yrs.) 72	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS	6. DATE OF BIRTH (Mo., Day, Yr.) Oct. 6, 1909	7a. COUNTY OF DEATH Lake
DECEASED	7b. CITY, TOWN OR LOCATION OF DEATH Hobart		7c. HOSPITAL OR OTHER INSTITUTION—(Name if not in either, give street and number) St. Mary Medical Center		7d. IF HOSP OR INST. Indicate DCA, OP, Emer. Rm., Inpatient (Specify) Inpatient	
	8. STATE OF BIRTH (If not in U.S.A. name country) Indiana	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Myrtle J. Reichert		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hobart		
	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Protection			14b. KIND OF BUSINESS OR INDUSTRY Combustion Engineering Inc		
→	15d. STREET AND NUMBER 834 Lincoln Street			15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	15f. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes					
PARENTS	16. FATHER—NAME FIRST MIDDLE LAST Edward A. Anderson			17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Amelia Lenburg		
	18a. INFORMANT—NAME (Specify relationship) Myrtle Anderson, wife		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 834 Lincoln Street, Hobart, Indiana 46342			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME Evergreen Cemetery		19c. LOCATION CITY OR TOWN STATE Hobart, Indiana	
	20a. DATE (MONTH, DAY, YEAR) September 25, 1982		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342			
CERTIFIER	21a. Signature <i>Albert T. Willardo, M.D.</i>			21b. DATE SIGNED (Mo., Day, Yr.) 11-8-82		21c. HOUR OF DEATH 5:39 A.M.
	21d. NAME AND ADDRESS OF CERTIFIER (Type or Print) ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307			21e. PRONOUNCED DEAD (Mo., Day, Yr.) 9-23-82		21f. PRONOUNCED DEAD (Hour) cdst 5:39 a.m.
CAUSE	22a. HEALTH OFFICER—SIGNATURE <i>Gerald V. Rees, M.D.</i>			22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 11-15-82		
	23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cerebral hemorrhage with intracerebral extension; DUE TO OR AS A CONSEQUENCE OF (b) Skull Fracture DUE TO OR AS A CONSEQUENCE OF (c) Due to auto accident					Interval between onset and death Undetermined
→	24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II					24. AUTOPSY (Specify Yes or No) Yes
	25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Accident		25b. DATE OF INJURY (Mo., Day, Yr.) 9/20/82		25c. HOUR OF INJURY M	25d. DESCRIBE HOW INJURY OCCURRED Auto accident
25e. INJURY AT WORK (Specify Yes or No) No		25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Street		25g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP Hwy 130 at County Line, Porter County IN.		