

Local No. 1571-82

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No. 82-032242

FUNERAL HOME
No. 306

FUNERAL DIRECTOR'S
LICENSE No. 646

FUNERAL DIRECTOR'S
SIGNATURE
Gerald V. Rees

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

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) White	5a AGE—Last Birthday (Yr.) 72	5b UNDER 1 YEAR MOS. DAYS	5c UNDER 1 DAY HOURS MINS
6 CITY, TOWN OR LOCATION OF DEATH Hobart		7a COUNTY OF DEATH Lake	7b HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) St. Mary Medical Center
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	
13 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	
15a RESIDENCE—STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Hobart	
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
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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	
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		20c DATE SIGNED (Mo., Day, Yr.) 11-8-82	
20d HOURS OF DEATH 5:39 A.M.		20e PRONOUNCED DEAD (Mo., Day, Yr.) 9-23-82	
20f PRONOUNCED DEAD (Hour) cdst		20g AT 5:39 a. m.	
21a SIGNATURE <i>Albert T. Willard</i>		21b NAME AND ADDRESS OF CERTIFIER (Type or Print) ALBERT T. WILLARD, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307	
21c HEALTH OFFICER—SIGNATURE <i>Gerald V. Rees</i>		21d DATE RECEIVED BY LOCAL HEALTH OFFICER 11-15-82	
22 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cerebral hemorrhage with intracerebral extension; Interval between onset and death Undetermined DUE TO OR AS A CONSEQUENCE OF (b) Skull Fracture Interval between onset and death DUE TO OR AS A CONSEQUENCE OF (c) Due to auto accident Interval between onset and death PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 Yes			
23a ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Accident		23b DATE OF INJURY (Mo., Day, Yr.) 9/20/82	
23c HOUR OF INJURY M		23d DESCRIBE HOW INJURY OCCURRED Auto accident	
23e INJURY AT WORK (Specify Yes or No) No		23f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Street	
23g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE Hgwy 130 at County Line, Porter County IN.		23h	