

4 C
72-0462
Local No.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

72-010227
State No.

LICENSE No. 2440
 No. 305
 SIGNATURE

| | | | | | | | | | |
|--|--|---|----------------------|--|----------------------|---|--|----------------------------------|------|
| PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS | | DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. | | Louise | | O | Reichert | Female | 3. | March 20, 1972 | |
| RACE | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. | DAY | UNDER 1 DAY HOURS | MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) | COUNTY OF DEATH | |
| 4. White | | 5a. 79 | 5b. | | 5c. | | 6. Feb. 6 1893 | 7a. Lake | |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | | |
| 7b. Gary | | 7c. Yes | | 7d. Mercy Hospital | | | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | 10. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | | |
| 8 Chicago, Illinois | | 9. U.S.A. | | 10. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 11. | | | |
| USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. | | SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 12. | | 13a. Housewife | | 13b. Homemaker | | | | | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | TOWNSHIP | |
| 14a. Indiana | | 14b. Lake | | 14c. Hobart | | 14d. Yes | | 14e. Hobart Township | |
| STREET AND NUMBER | | 14f. 822 Lillian St. Hobart, Ind. | | 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 15. No | | 15. RESIDENCE ON A FARM? | |
| FATHER—NAME | | FIRST | MIDDLE | LAST | MOTHER—MAIDEN NAME | | FIRST | MIDDLE | LAST |
| 15. Charles | | Froebel | | | 16. Caroline | | Schroeder | | |
| INFORMANT—NAME | | RELATIONSHIP | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| 17a. Myrtle Anderson | | 17b. Daughter | | 17c. 834 Lincoln St. Hobart, Ind. 46342 | | | | | |
| PART I. | | DEATH WAS CAUSED BY: | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| 18. | | IMMEDIATE CAUSE: | | Congestive heart failure | | 2-3 weeks | | | |
| CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST | | (a) | | Arteriosclerotic heart disease | | years | | | |
| CAUSE | | (b) | | | | | | | |
| | | (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) | | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE | | AUTOPSY | | IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH | | | |
| Urinary tract infection. | | | | 19a. YES <input type="checkbox"/> NO <input type="checkbox"/> | | 19b. YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| DATE & TIME OF DEATH | | MONTH | DAY | YEAR | HOUR | DATE SIGNED | MONTH | DAY | YEAR |
| 20. | | | | | | 21a. | | | |
| PHYSICIAN'S NAME (TYPE OR PRINT) | | SIGNATURE OF PHYSICIAN | | (DEGREE OR TITLE) | | | | | |
| 22a. Richard D. Stooke | | 22b. Richard D. Stooke, M.D. | | | | | | | |
| LAST IN ATTENDANCE | | MAILING ADDRESS—PHYSICIAN | | STREET OR R.F.D. NO. | | CITY OR TOWN | | STATE | ZIP |
| M. D. OR D. O. | | 23. 2955 Wisconsin | | Hobart | | IND. | | 46342 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY, CREMATORY, FUNERAL HOME | | LOCATION | | CITY OR TOWN | | STATE | |
| 24a. Burial | | 24b. Evergreen Memorial Park | | 24c. Hobart | | Indiana | | | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS | | (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| 24d. March 24, 1972 | | 25a. Jones-Frum Hobart Memorial Chapel 746 Lincoln St. Hobart, Ind. 46342 | | | | | | | |
| 25b. | | HEALTH OFFICER—SIGNATURE | | DATE RECEIVED BY LOCAL HEALTH OFFICER | | MAR 24 1972 | | | |
| 113-3 | | PD-10 100M | | | | | | | |