

**INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH**

73-009637

Local No. 19-73

Death No.

EMBALMER'S NAME Elden B. La Hayne
 LICENSE NO. 85
 FUNERAL DIRECTOR'S LICENSE NO. 2013

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS	DECEASED—NAME			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <u>Thomas M. Kuhn</u>	2. <u>Male</u>	3. <u>January 14, 1973</u>		
DECEASED	RACE (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <u>White</u>	5a. <u>19</u>	5b. <u></u>	5c. <u></u>	6. <u>11/20/53</u>
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (NOT IN EITHER, GIVE STREET AND NUMBER)		
	7b. <u>Crown Point</u>	7c. <u>No</u>	7d. <u>98th and Broadway</u>		
RESIDENCE—STATE	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
	8. <u>Indiana</u>	9. <u>U.S.A.</u>	10. <u>Never Married</u>	11. <u></u>	
RESIDENCE—STATE	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY		
	13a. <u></u>	13a. <u>Machinist</u>	13b. <u>Anderson Co., Valparaiso, Indiana</u>		
PARENTS	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
	14a. <u>Indiana</u>	14b. <u>Porter</u>	14c. <u>Portage</u>	14d. <u>yes</u>	14e. <u>Portage</u>
PARENTS	STREET AND NUMBER	IS RESIDENCE ON A FARM?			
	14i. <u>2454 "O" Hamstrom Rd.</u>	14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PARENTS	FATHER—NAME	MOTHER—MAIDEN NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
	15. <u>Robert C. Kuhn</u>	16. <u>Vera M. Lenburg</u>	17b. <u>2454 "O" Hamstrom Rd., Portage, Indiana</u>		
PARENTS	INFORMANT—NAME	RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
	17a. <u>Robert C. Kuhn</u>	17b. <u>Father</u>	17c. <u>2454 "O" Hamstrom Rd., Portage, Indiana</u>		
PART I. DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CAUSE	18. IMMEDIATE CAUSE				
	(a) <u>3rd Degree Burns, 85% of Body</u>				
CAUSE	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST				
	(b) <u>Charred, Burned beyond recognition</u>				
CAUSE	(c) <u></u>				
	PART II. OTHER SIGNIFICANT CONDITIONS				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
GIVEN IN PART I (A)				19a. <u>yes</u>	19b. <u>yes</u>
CAUSE	ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
	20a. <u>Accident</u>	20b. <u>January 13, 1973</u>	20c. <u>11:14 PM</u>	20d. <u>Auto Accident</u>	
CAUSE	INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)	LOCATION	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
	20e. <u>No</u>	20f. <u>Street</u>	20g. <u>98th & Broadway, Crown Point, Indiana</u>		
CORONER'S CERTIFICATION					
R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED					
CERTIFIER	DEATH OCCURRED (HOUR)	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)	DATE SIGNED (MONTH, DAY, YEAR)		
	21a. <u>11:14 PM</u>	21b. <u>January 14, 1973</u>	21c. <u>January 15, 1973</u>		
CERTIFIER	CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	(DEGREE OR TITLE)		
	22a. <u>Seymour W. Shapiro</u>	22b. <u>Seymour W. Shapiro MD</u>			
CERTIFIER	MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
	23. <u>6400 W. 152nd Ct.</u>	<u>Lowell</u>	<u>Indiana</u>	<u>46356</u>	
BURIAL	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME	LOCATION	CITY OR TOWN	FUNERAL HOME NUMBER
	24a. <u>Burial</u>	24b. <u>Mc Cool Cemetery</u>	24c. <u>Portage, Indiana</u>	<u>288</u>	
BURIAL	DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
	24d. <u>January 17, 1973</u>	24e. <u>Snyder-La Hayne, 5746 Hohman Ave., Hammond, Indiana 46320</u>			
BURIAL	FUNERAL DIRECTOR—SIGNATURE	SIGNATURE OF HEALTH OFFICER	DATE RECEIVED BY LOCAL HEALTH OFFICER		
	25b. <u>Elden B. La Hayne</u>	26a. <u>Peter Steyer, M.D.</u>	26b. <u>January 16, 1973</u>		