

83-029108

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 1310-83

State No. _____

FUNERAL HOME No. 306
FUNERAL DIRECTOR'S LICENSE No. 2012
FUNERAL DIRECTOR'S SIGNATURE *Gerald D. Russ*

LICENSE No. 646
JAMES J. KRAUSE
EMBALMER'S NAME

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.
PARENTS
DISPOSITION
M.D. OR D.O.
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST VICTOR R. LEVAN		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 12, 1983
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify) White	5a. AGE—Last Birthday (Yrs.) 69	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS
6. DATE OF BIRTH (Mo., Day, Yr.) Aug. 29, 1913		7a. COUNTY OF DEATH Lake	
7b. CITY, TOWN OR LOCATION OF DEATH Crown Point		7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Saint Anthony Hospital	
7d. IF HOSP OR INST. Indicate DOA, 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) Mary C. Chirila		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Inland Steel Corporation	
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Hobart	
15d. STREET AND NUMBER 3015 West Ridge Road		15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15f. INSIDE CITY LIMITS (Specify Yes or No) Yes		15g. 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 Unknown		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Unknown	
18a. INFORMANT—NAME (Type or print) RELATIONSHIP Mary C. Levan, Wife		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 3015 West Ridge Road, Hobart, Indiana 46342	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Graceland Cemetery Valparaiso, Indiana	
20a. DATE (MONTH, DAY, YEAR) August 15, 1983		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 46342-4198 Rees Funeral Home, Inc., 600 W. Ridge Road, Hobart, IN	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) <i>Jack Ziegler M.D.</i>		21b. DATE SIGNED (Mo., Day, Yr.) 8-12-83	
21c. HOUR OF DEATH 1:50 a. M.		21d. NAME OF ATTENDING PHYSICIAN (Type or Print) Jack Ziegler, M.D.	
21e. MAILING ADDRESS—PHYSICIAN 7863 Broadway Merrillville, Indiana 46410		22a. HEALTH OFFICER—SIGNATURE <i>Peas Jerry M.D.</i>	
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 8-15-83		23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))	
PART I (a) Cardiopulmonary arrest		Interval between onset and death minutes	
(b) congestive heart failure		Interval between onset and death hours	
(c) arteriosclerotic heart disease		Interval between onset and death years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Coronary artery bypass surgery		24. AUTOPSY (Specify Yes or No) No	