

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

70-033033

Local No. 70-1279

State No. _____

EMBALMER'S NAME Gordon L. Jones
 FUNERAL DIRECTOR'S SIGNATURE [Signature]
 LICENSE No. 1071
 FUNERAL HOME No. 305
 FUNERAL DIRECTOR'S LICENSE No. 2410

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
		Edward		Emil	Reichert	Male	3. Sept. 6, 1970					
1. RACE		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH					
4. <u>Cauc.</u>		5a. <u>81</u>		5b.	5c.	6. <u>10-22-1888</u>	7a. <u>Lake</u>					
DECEASED		7b. <u>Gary</u>		7c. <u>Yes</u>		7d. <u>Gary Mercy Hospital</u>						
7b. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		11. <u>Louise B.</u>						
8. <u>Illinois</u>		9. <u>U.S.A.</u>		11. <u>Louise B.</u>								
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		12. RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP				
		14a. <u>Indiana</u>		14b. <u>Lake</u>	14c. <u>Hobart</u>		14d. <u>Yes</u>	14e. <u>Hobart Township</u>				
		STREET AND NUMBER		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM?						
		14f. <u>822 Lillian Street</u>		No		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
PARENTS		FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST	
		15. <u>Robert</u>		<u>Reichert</u>			16. <u>Pauline</u>		<u>Fench</u>			
		INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
		17a. <u>Louise O. Reichert</u>		17b. <u>Wife</u>		17c. <u>822 Lillian St. Hobart, Indiana 46312</u>						
PART I.		DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						AT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CAUSE		18. IMMEDIATE CAUSE		(a) <u>Complete Heart Block</u>						1 yr		
		CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) <u>arteriosclerotic heart disease</u>						unknown		
		PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE						AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
		<u>Failure of internal artificial pacemaker.</u>		<u>Pneumonia</u>						19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
		DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED		MONTH	DAY	YEAR
		<u>9/6/70</u>		<u>70</u>	<u>70</u>	<u>70</u>	<u>M.</u>	<u>John O. Carter</u>		<u>9</u>	<u>18</u>	<u>70</u>
M. D. OR D. O.		PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		(DEGREE OR TITLE)						
		22a. <u>JOHN O. CARTER</u>		22b. <u>John O. Carter</u>		<u>MD</u>						
		MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
		<u>295 S. Wisc. St.</u>		<u>Hobart</u>		<u>Ind.</u>		<u>46342</u>				
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION						
		24a. <u>Burial</u>		24b. <u>Evergreen Park Cemetery</u>		24c. <u>Hobart, Indiana</u>						
		DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
		24d. <u>Sept. 9, 1970</u>		25a. <u>Jones - Frum - Hobart Memorial Chapel</u>		<u>78 Lincoln Sts. Hobart, Indiana</u>						
				HEALTH OFFICER'S SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER						
				<u>P. Rosenblom MD.</u>		<u>SEP 10 1970</u>						
		25b.										