

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

82-008519

Local No. 379-82

State No. _____

EMBALMER'S NAME TERRENCE P. BURNS LICENSE No. 1389
 FUNERAL DIRECTOR'S SIGNATURE Michael P. Burns LICENSE No. 123
 FUNERAL HOME No. 238

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
 DISPOSITION
 M.D. OR D.O.
 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
 CAUSE

DECEASED—NAME 1 ROBERT C. REICHERT		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 MARCH 7, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 WHITE	AGE—Last Birthday (Yrs.) 5a 64	UNDER 1 YEAR 5b MOS _____ DAYS _____ UNDER 1 DAY 5c HOURS _____ MINS _____ DATE OF BIRTH (Mo., Day, Yr.) 6 11-5-1917	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b HOBART		HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) 7c ST. MARY MEDICAL CENTER	IF HOSP. OR INST. Indicate D.O.A., OP, Emer. Rm., Inpatient (Specify) 7d EMER. RM.
STATE OF BIRTH (if not in U.S.A. name country) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 DIVORCED SURVIVING SPOUSE (if wife, give maiden name) 11 NONE	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a CRANE OPERATOR PROVIDER	KIND OF BUSINESS OR INDUSTRY 14b US STEEL SHEET & TIN MILL
STREET AND NUMBER 15d 969 LINCOLN ST.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 EDWARD E. REICHERT		MOTHER—MAIDEN NAME 17 LOUISE FROEBEL	
INFORMANT—NAME (Type or print) 18a JOHN E. REICHERT	RELATIONSHIP SON	MAILING ADDRESS 18b 3343 CANTERBURY ROAD W. GREENFIELD WIS. 53221	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19b EVERGREEN MEMORIAL PARK	LOCATION 19c HOBART IN 46342	
DATE (MONTH, DAY, YEAR) 20a MARCH 10, 1982	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b BURNS MEMORIAL CHAPEL 701 E. 7TH ST. HOBART, IN 46342		
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature) <i>John O. Carter</i>		DATE SIGNED (Mo., Day, Yr.) 21b 3/11/82	HOUR OF DEATH 21c _____ M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d JOHN O. CARTER, M.D.			
MAILING ADDRESS—PHYSICIAN 21e 295 S. WISCONSIN ST. HOBART, IN 46342			
HEALTH OFFICER—SIGNATURE 22a <i>Terrence P. Burns M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-11-82	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Myocardial Infarction		Interval between onset and death Hours	
(b) _____		Interval between onset and death	
(c) _____		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Hypertension & Diabetes m.s.		AUTOPSY (Specify Yes or No) 24 _____	