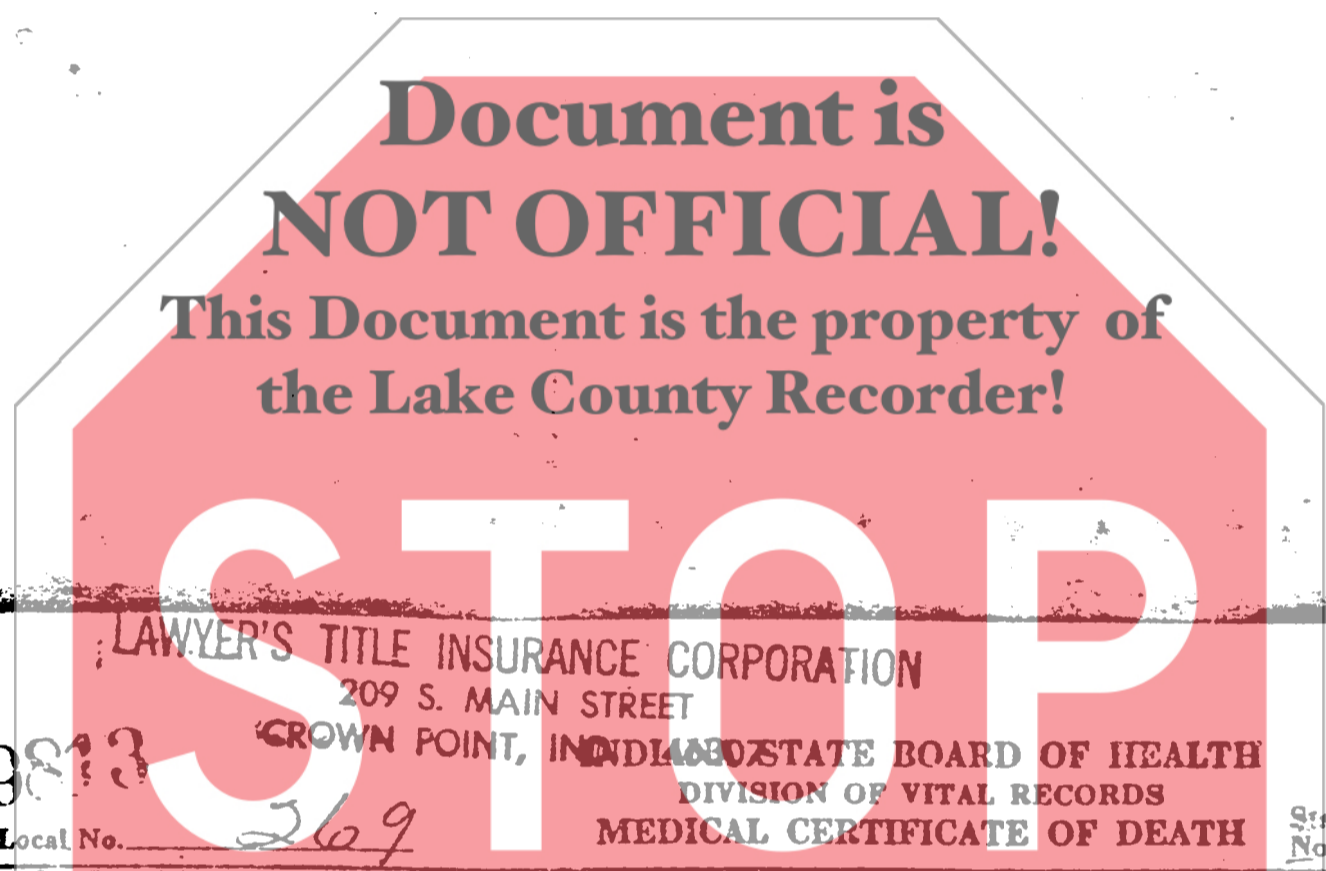


50803



LAWYER'S TITLE INSURANCE CORPORATION
209 S. MAIN STREET
CROWN POINT, INDIANA
STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Rec'd

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A 1
- B 1
- C 3 Bl. 1
- D L. 2. Bl. 1
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

Funeral Director's License No. 906
Funeral Director's Name: GEORGE A. BURNS
License No. 2989

1. PLACE OF DEATH a. COUNTY LAKE		2. USUAL RESIDENCE (Where deceased lived. If institution: specify before address) a. STATE INDIANA		b. COUNTY LAKE	
3. CITY, TOWN, OR LOCATION HAMMOND		4. CITY, TOWN, OR LOCATION HAMMOND		5. STREET ADDRESS 855 MICHIGAN AVENUE	
6. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		8. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
9. NAME OF DECEASED (Type or print) ANNA		10. DATE OF DEATH MARCH 31, 1967		11. SEX FEMALE	
12. COLOR OR RACE WHITE		13. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		14. DATE OF BIRTH FEB. 23, 1900	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		16. KIND OF HOME OR INDUSTRY OWN HOME		17. BIRTHPLACE (State or foreign country) ATLANTA, GA.	
18. FATHER'S NAME NOT KNOWN		19. MOTHER'S MAIDEN NAME POLLY LANE		20. CITIZENSHIP OF DECEASED U.S.A.	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		22. SOCIAL SECURITY NO. NOT KNOWN		23. INFORMANT'S NAME MRS LESTER TURNER	
24. INFORMANT'S ADDRESS 855 Michigan Avenue Hammond, Indiana			25. RELATIONSHIP TO DECEASED FRIEND		
26. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DIED DUE TO (c) STATE GOVERNMENT'S GUN PART II. (Do not list conditions contributing to death but not related to the terminal disease condition given in Part I (a).) MAY 27 1970					27. INTERVAL BETWEEN ONSET AND DEATH 1
28. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		29. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) FIRE			
30. TIME OF INJURY MAY 27 2 35 PM '70		31. SIGNATURE OF HEALTH OFFICER ANDREW J. HINCENKO			
32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		33. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HAMMOND, INDIANA		34. CITY, TOWN, OR LOCATION COUNTY STATE	
35. ATTENDING PHYSICIAN: I certify that I attended the deceased from _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			36. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at _____ from causes stated and on above date.		
37. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER [Signature]		38. ADDRESS Hammond, Indiana		39. DATE SIGNED 4-4-67	
40. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		41. DATE 4/3/1967		42. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	
43. DATE REC'D BY LOCAL HEALTH OFFICER APR		44. SIGNATURE OF HEALTH OFFICER [Signature]		45. FUNERAL DIRECTOR ADDRESS GEORGE A. BURNS HAMMOND, INDIANA	

Disposition Permitted
Issued / /
Provisional Certificate
 Yes No

(over)

59813

**Document is
NOT OFFICIAL!**
This Document is the property of
the Lake County Recorder!

2885 d
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STOP

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
APR 4 1967



Franklin J. ... m.d.
HEALTH COMMISSIONER

