

589428

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

Below for State Office Use

FILED

JUN 10 1980

John G. Anderson  
AUDITOR LAKE COUNTY

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
FEB 6 1969  
Date Issued  
Hammond Health Commissioner

ENTAILMENTS NAME JOHN G. ANDERSON

LICENSE No. 1750

1783

FUNERAL DIRECTOR'S LICENSE No.

589428

Local No. 117

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

State No.

1046

PERMANENT USE SEE HANDBOOK FOR INSTRUCTIONS

DECEASED NAME: **GEORGE W. GOODLANDER** SEX: **MALE** DATE OF DEATH: **FEBRUARY 5, 1969**

RACE: **White** AGE: **69** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH: **6/30/1899** COUNTY OF DEATH: **Lake**

CITY, TOWN, OR LOCATION OF DEATH: **Hammond** INSIDE CITY LIMITS: **yes** HOSPITAL OR OTHER INSTITUTION: **St. Margaret's Hospital**

STATE OF BIRTH: **Indiana** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** SURVIVING SPOUSE: **Mae**

USUAL RESIDENCE WHERE DECEASED LIVED: **Indiana** SOCIAL SECURITY NUMBER: **304-14-6117** SOCIAL OCCUPATION: **FORGE W/HP** KIND OF BUSINESS OR INDUSTRY: **American Steel**

RESIDENCE STATE: **Ind.** COUNTY: **Lake** CITY, TOWN OR LOCATION: **Hammond** INSIDE CITY LIMITS: **yes** TOWNSHIP: **North**

STREET AND NUMBER: **224 Doty Street** IS RESIDENCE ON A FARM? **NO**

FATHER NAME: **Arthur Goodlander** MOTHER MAIDEN NAME: **Celeste Alshafer**

INFORMANT NAME: **Mae Goodlander** RELATIONSHIP: **wife** MAILING ADDRESS: **224 Doty Street Hammond, Ind. 46320**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE: **Cerebral vascular accident** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **1 week**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST: **Arteriosclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A))

DEATH OCCURRED (HOUR): **2:00** THE DECEASED WAS PROHIBITED DEAD (MONTH): **2** (DAY): **5** YEAR: **1969** DATE SIGNED: **February 6, 1969**

CERTIFIER NAME: **Dr. J.A. Maroc** SIGNATURE: **James L. Maroc MD.**

MAILING ADDRESS - CERTIFIER: **110 Ridge Road** STREET OR R.F.D. NO.: **110 Ridge Road** CITY OR TOWN: **Munster** STATE: **Indiana** ZIP: **46321**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY, CREMATORY, FUNERAL HOME: **Chapel Lawn** LOCATION: **Sohererville, Ind.** FUNERAL HOME NUMBER: **280**

DATE (MONTH, DAY, YEAR): **2/7/1969** FUNERAL HOME NAME AND ADDRESS: **Booker Funeral Home 7042 Kennedy Ave. Hammond, Ind. 46323**

FUNERAL DIRECTOR SIGNATURE: **George L. Booker** DATE RECEIVED BY LOCAL HEALTH OFFICER: **FEB 6 1969**