

606870

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

606870

Local No. 305

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

E. Lane & Kue
7223 Marshall Ave
Hammond 46323

State No.

Below for State Office

NOV 12 1979

FILED
AUDITOR LAKE COUNTY

DECEASED

EMBALMER'S NAME

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1350

FUNERAL DIRECTOR'S

LICENSE No. 1783

EMBALMER'S NAME

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1350

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1783

EMBALMER'S NAME

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1350

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1783

EMBALMER'S NAME

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1350

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1783

EMBALMER'S NAME

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1350

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 1783

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D.
OR
D.O.

CAUSE OF DEATH

DECEASED NAME Paul R. Rice		SEX male	DATE OF DEATH June 9, 1979
RACE white	AGE 60	DATE OF BIRTH 7/28/1918	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH East Chicago		HOSPITAL OR OTHER INSTITUTION St. Catherine Hospital	IF INPATIENT Inpatient
STATE OF BIRTH Ohio	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	WAS DECEASED EVER IN U.S. ARMED FORCES? no
SOCIAL SECURITY NUMBER R.R. 311-03-6912		USUAL OCCUPATION Switchman	KIND OF BUSINESS OR INDUSTRY Erie-Lackawanna R.R.
RESIDENCE STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	IS RESIDENCE ON A FARM? no
15a. 7223 Marshall		15b. yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	15c. yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
16. IS DECEASED IN SPANISH OR SCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. no <input type="checkbox"/> yes <input checked="" type="checkbox"/>			
FATHER NAME Avil J. Rice	MOTHER MARRIED NAME Minnie O'Brien		
INFORMANT NAME Mrs. Elaine Rice		MARRIED ADDRESS 217 Farneman South Bend, Ind. 46614	
17a. Burial		17b. Oak Hill Cemetery	17c. Plymouth, Ind.
DATE June 12, 1979		17d. Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.	
20. NAME OF ATTENDING PHYSICIAN D. T. Ranker M.D.		DATE SIGNED 6-11-79	
21. PHYSICIAN ADDRESS 7040 Kennedy Ave. Hammond, Ind. 46323		DATE RECEIVED BY LOCAL HEALTH OFFICE 6-11-79	
22. Pulmonary edema		2 days	
metastatic cancer of lung		3 weeks	
prostatic cancer		3 mo.	
cerebral vascular accident			

Disposition Permit Issued 1/1
Provisional Certificate
 Yes No

RECORDED
JUL 13 12 11 PM '79
JUL 12 11 PM '79

50