

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

639550

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No. _____

Local No. 619

Belong

THIS CERTIFIES THE ABOVE IS A TRUE AND
 ACCURATE COPY OF THE CERTIFICATE OF DEATH
 FILED WITH THE HAMMOND HEALTH DEPT.
 AUG - 7 1981
 35-50-8

EMERALD
 FURNERAL HOME
 No. 289
 DECEASED
 1001
 USUAL RESIDENCE
 WHERE DECEASED
 LIVED, OR PLACE
 WHERE DECEASED
 OCCURRED IN
 INSTITUTION, GIVE
 RESIDENCE BEFORE
 ADMISSION.
 DECEASED
 1001
 PARENTS
 DISPOSITION
 CAUSE
 EMBALMER'S NAME
 FUNERAL DIRECTOR'S
 SIGNATURE
 HAMMOND HEALTH COMMISSIONER
 LICENSE NO. _____
 FUNERAL DIRECTOR'S
 LICENSE NO. _____
 DATE BEHEAD

TYPE
OR PRINT
IN
PERMANENT
INK

DECEASED

PARENTS

DISPOSITION

M.D.
OR
D.O.

CAUSE

1. DECEASED—NAME FIRST: <u>Velma</u> MIDDLE: <u>Fannin</u> LAST: <u>Fannin</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (MONTH, DAY, YEAR) <u>Aug. 5, 1981</u>	
4. RACE—(a) <u>White</u>	5a. AGE—Last Birthday (Yrs.) <u>77</u>	5b. UNDER 1 YEAR MOS. _____ DAYS _____	5c. UNDER 1 DAY HOURS _____ MINS. _____	6. DATE OF BIRTH (Mo., Day, Yr.) <u>May 13, 1904</u>	7a. COUNTY OF DEATH <u>Lake</u>
7b. CITY, TOWN OR LOCATION OF DEATH <u>Hammond</u>		7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) <u>St. Margaret Hospital</u>		7d. IF HOSP. OR INST. Indicate DCA, Op./Emer. Rm., Inpatient (Specify) <u>DOA</u>	
8. STATE OF BIRTH (If not in U.S.A. name country) <u>Kentucky</u>	9. CITIZEN OF WHAT COUNTRY <u>USA</u>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	11. SURVIVING SPOUSE (If wife, give maiden name) <u>Millard</u>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <u>no</u>
13. SOCIAL SECURITY NUMBER <u>306-01-7916-B</u>		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		14b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	
15a. RESIDENCE—STATE <u>Indiana</u>	15b. COUNTY <u>Lake</u>	15c. CITY, TOWN OR LOCATION <u>Hammond</u>		15d. STREET AND NUMBER <u>6330 Monroe Ave.,</u>	
15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			15f. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>no</u>		
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
16. FATHER—NAME FIRST: <u>William</u> MIDDLE: _____ LAST: <u>Miller</u>			17. MOTHER—MAIDEN NAME FIRST: <u>Lillian</u> MIDDLE: <u>Hickman</u> LAST: _____		
18a. INFORMANT—NAME (Type or print) <u>Millard Fannin</u>		18b. MAILING ADDRESS STREET OR R.F.D. NO. <u>6330 Monroe Ave.,</u> CITY OR TOWN <u>Hammond, Indiana</u> STATE <u>IN</u> ZIP <u>46324</u>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <u>Burial</u>		19b. CEMETERY OR CREMATORY—FUNERAL HOME <u>Elmwood Cemetery</u>		19c. LOCATION CITY OR TOWN <u>Hammond, Indiana</u> STATE <u>IN</u>	
20a. DATE (MONTH, DAY, YEAR) <u>Aug. 8, 1981</u>		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Solan Funeral Home, 7109 Calumet Ave., Ham'd. Ind. 46324</u>			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) <u>Lawrence D. Bernstein, M.D.</u>			21b. DATE SIGNED (Mo., Day, Yr.) <u>Aug. 6, 1981</u>		21c. HOUR OF DEATH <u>M</u>
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) <u>Lawrence D. Bernstein, M. D.</u>					
21e. MAILING ADDRESS—PHYSICIAN <u>5305 Hohman Ave., Hammond, Indiana 46320</u>					
22a. HEALTH OFFICER—SIGNATURE <u>[Signature]</u>				22b. DATE RECEIVED BY LOCAL HEALTH OFFICER <u>AUG - 7 1981</u>	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (b) AND (c)) PART I (a) <u>Metastatic Carcinoma of Colon</u>				Interval between onset and death <u>Year</u>	
PART I (b) _____				Interval between onset and death	
PART I (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)				24. AUTOPSY (Specify Yes or No) <u>no</u>	

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25-10