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Provisional Certificate

Yes No

AUG 25 1981
 HAMMOND HEALTH COMMISSIONER
 JOHN DALTON
 LICENSE No. 1139
 FUNERAL DIRECTOR'S SIGNATURE
 LICENSE No. 1751
 FUNERAL HOME
 LICENSE No. 282

Local No. **899**

641468

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No. *Indiana*
65-25-5
6-2-80

DECEASED—NAME 1. EDWARD L. KENNEY			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. December 4, 1980
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yrs) 5a. 55	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS.	DATE OF BIRTH (Mo., Day, Yr.) 6. 10-14-25
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. St. Margaret Hospital		IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Helen Bronson	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes
SOCIAL SECURITY NUMBER 13. 721-10-0982		USUAL OCCUPATION (Give kind of work done during most of working Mo., even if retired) 14a. Conductor	KIND OF BUSINESS OR INDUSTRY 14b. J. & L. Steel Co.	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond		
STREET AND NUMBER 15d. 6120 Wallace Rd		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. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16. John Kenney			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Myrtle Not Known Filkins	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. Helen Kenney		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. Dalton, Illinois 46320		
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Oakland Memorial Lane	LOCATION CITY OR TOWN STATE ZIP 19c. Dalton, Illinois 46320	
DATE (MONTH, DAY, YEAR) 20a. Dec 8 1980		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Dalton Funeral Home, 6955 Southeastern, Hammond, IN.		
21a. Signature <i>Albert Willardo, M.D.</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE SIGNED (Mo., Day, Yr.) 21b. 12-5-80	HOUR OF DEATH 21c. 2:12 PM	
HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 12-4-80	PRONOUNCED DEAD (Hour) 21e. AT 2:12 PM	
22a. <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. DEC 8 1980		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardio vascular pulmonary failure				Interval between onset and death Undetermined
(b) DUE TO OR AS A CONSEQUENCE OF:				Interval between onset and death
(c) DUE TO OR AS A CONSEQUENCE OF:				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d.	
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.	LOCATION 25g.	STREET OR R.F.D. NO. CITY OR TOWN STATE	

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

WILLIAMSON COUNTY
 REC'D
 AUG 12 1980
 STATE OF INDIANA
 HEALTH DEPT.