

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
NOV 30 1981 *Franklin S. Gurnea, M.D.*

Date issued: *11-27-81*
HAMMOND HEALTH COMMISSIONER

Anthony Solan
FUNERAL DIRECTOR'S SIGNATURE

FILED

FUNERAL HOME: *656838904*
FUNERAL DIRECTOR'S LICENSE NO.: *2141*

Local No. *656838904*
DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

IN Mrs. Helen L. Allegree
3412 Condit Street Highland 46322

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. *P-50519*
IN 265494

DECEASED—NAME 1. Claude C. Allegree		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 11-28-81
RACE—(1) White, (2) Black, American Indian, (3) Chinese 4. White	AGE—Last Birthday (Yrs) / (Mos) / (Days) 5a. 79	UNDER 1 YEAR 5b. NO	UNDER 1 DAY 5c. NO
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name of inst. or other, give street and number) 7c. St. Margaret Hospital	IF HOSP. OR INST. INSTRUCTIONS ON DEATH CERTIFICATE 7d. Inpatient
STATE OF BIRTH (if not in U.S.A. name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (if wife, give maiden name) 11. Helen (Ervin)
SOCIAL SECURITY NUMBER 13. 305-09-9355A	USUAL OCCUPATION (Give kind of work done during most of working life, name of vessel) 14a. Millwright	KIND OF BUSINESS OR INDUSTRY 14b. American Steel Fdry	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Highland	IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 3412 Condit Street		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. Allen Allegree		MOTHER—MAIDEN NAME 17. Grace Hawkins	
INFORMANT—NAME (if not at death) 18a. Helen Allegree	RELATIONSHIP 18b. Daughter	MAILING ADDRESS 18c. 3412 Condit St., Highland, Ind. 46322	CITY OR TOWN STATE ZIP
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b. Chapel Lawn Cemetery	LOCATION 19c. Schererville, Ind.	CITY OR TOWN STATE
DATE (MONTH, DAY, YEAR) 20a. Dec. 1, 1981	FUNERAL HOME—NAME AND ADDRESS 20b. Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind.	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
To the best of my knowledge, death occurred at the place, date and time shown on this certificate 21a. (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 11/29/81	HOUR OF DEATH 21c. 2:50pm
NAME OF ATTENDING PHYSICIAN (If not at death) 21d. Joseph H. Tyrrell		MAILING ADDRESS—PHYSICIAN 21e. 800 State Line - Calumet	
HEALTH OFFICER—(Name) 22a. Franklin S. Gurnea, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 11-29-81	
23. IMMEDIATE CAUSE PART I (a) Acute Cerebral Vascular Accident DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF (c) _____		ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Interval between onset and death 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. no		AUTOPSY (Specify Yes or No)	

CHICAGO LIFE INSURANCE COMPANY

STATE OF INDIANA
JAN 20 9 18 AM '82
FILED
WILLIAM SILVER
RECORDS
STATE OF INDIANA
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FILED