

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

Below for State Office Use

FILED
 THIS OFFICE IS A TRUE AND
 COMPLETE COPY OF THE CERTIFICATE OF DEATH
 FILED WITH THE LAKE COUNTY HEALTH DEPT.
 MAR 3 1980
 LAKE COUNTY HEALTH DEPT.

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

MAY 1980 No. 1350
 AUDITOR LAKE COUNTY John G. Ault
 FUNERAL DIRECTOR'S SIGNATURE M. W. Sullivan at Adl Get 20
 Key 36-175-11

FUNERAL HOME No. 280
 FUNERAL DIRECTOR'S LICENSE No. 1783
 LAKE COUNTY HEALTH COMM CENTER
 DISPOSITION

661143

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 681-80

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED (DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

PARENTS

DISPOSITION

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATE THE PREVAILING CAUSE LAST

DECEASED - NAME ELEANORE N. CHANEY		SEX F	DATE OF DEATH (MONTH, DAY, YEAR) 3 May 7, 1980
RACE white	AGE - Last Birthday (Yrs) 55	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MINS
CITY, TOWN OR LOCATION OF DEATH Munster		DATE OF BIRTH (Mo, Day, Yr) 9-10-24	COUNTY OF DEATH Lake
STATE OF BIRTH Minnesota		CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married
SOCIAL SECURITY NUMBER 470-22-1726		USUAL OCCUPATION 14a Homemaker	SURVIVING SPOUSE (If wife give maiden name) 11 Carlos Chaney
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond	IF HOSP OR INST Indicate DOA, OP, Em, Am, Inpatient (Specify) 7d Inpatient
STREET AND NUMBER 15d 7117 Delaware Ave.		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. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 Carl Binsfeld		MOTHER - MAIDEN NAME 17 Katherine Furst	
INFORMANT - NAME (Type or print) 18a Carlos Chaney		MAILING ADDRESS 18b 7117 Delaware Ave., Hammond, Indiana 46323	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn Mem. Gardens	LOCATION 19c Schererville, Indiana
DATE (MONTH, DAY, YEAR) 20a May 10, 1980		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Bocken Funeral Home, Inc., 7042 Kennedy Ave., Hammond, IN 46323	
To the best of my knowledge, death occurred at the time, date and place and due to the causal agent		DATE SIGNED (Mo, Day, Yr) 21b 5/8/80	HOUR OF DEATH 21c 3:42 PM '80
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Leslie E. Bombar		SIGNATURE 21e [Signature]	
MAILING ADDRESS - PHYSICIAN 21e 7905 Calumet Ave., Munster, Indiana 46321		HEALTH OFFICE SIGNATURE 22a [Signature]	
DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 5-9-80		DATE OF TAKING 23	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Carcinomatosis (b) Carcinoma of Breast		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	