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NOV 3 1982

OCT 7 1982

JAMES F. BURNS

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME
ADDRESS

LICENSE NO. 946

LICENSE NO. 1374

LAKE COUNTY HEALTH COMMISSION

CAUSE

686105

Local No. 1609-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

1. DECEASED—NAME FIRST MIDDLE LAST RUSSELL DARRELL WEST			2. SEX MALE		3. DATE OF DEATH (MONTH, DAY, YEAR) SEPT. 30, 1982		
4. RACE WHITE		5. AGE—Last Birthday 76		6. DATE OF BIRTH (Mo., Day, Yr.) SEPT. 22, 1906		7. COUNTY OF DEATH LAKE	
7b. MERRILLVILLE			7c. METHODIST HOSPITAL, SOUTHLAKE CAMPUS			7d. INPAT.	
8. WEST VIRG.		9. U.S.A.		10. MARRIED		11. REBECCA GATIAN	
13. 306 09 3675			14a. ROLLER			14b. U.S. STEEL - SHEET AND TIN	
15a. IND.		15b. LAKE		15c. GARY		15d. 252 GRANT	
15e. YES <input type="checkbox"/>		15f. NO <input checked="" type="checkbox"/>		15g. YES <input type="checkbox"/>		15h. NO <input checked="" type="checkbox"/>	
16. LENNA		17. WEST		18. LILLIAN		19. FRUM	
18a. REBECCA WEST		18b. WIFE		18c. 252 GRANT		18d. GARY	
19a. BURIAL		19b. CHAPEL LAWN MEMORIAL GARDENS		19c. SCHERERVILLE, IND.		20a. OCTOBER 4, 1982	
20b. BURNS MEMORIAL CHAPEL, 4286 BROADWAY, GARY, IN. 46408		21a. DR. E. T. PAPPAS		21b. 6111 HARRISON, MERRILLVILLE, IN. 46410		21c. DATE SIGNED (Mo., Day, Yr.) 10-4-82	
22a. PETER J. FREY M.D.		22b. 10-7-82		22c. WILLIAM H. BILLY		22d. NOV 3 1 40	
23. IMMEDIATE CAUSE (a) Carcinoma Prostate - metastatic		23. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF		23. IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF		24. AUTOPSY (Specify Yes or No)	