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CITIZENS FEDERAL SAVINGS AND LOAN
707 Ridge Road, Munster, IN 46321

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

ATTN: Laura Thomas, Loan Svc. Dept.

R-54816

INDIANA TITLE INSURANCE COMPANY

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

766859

Local No.

316

Below for State Office Use

FUNERAL HOME

No. 291

FUNERAL DIRECTOR'S

LICENSE No. 1243

LICENSE No. 144

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. APR 25 1984

HAMMOND HEALTH COMMISSIONER

Date Issued

Larry D. Anthony

FUNERAL DIRECTOR'S

SIGNATURE

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

CAUSE

| | | | | |
|--|--|---|--|---|
| DECEASED—NAME 1 Dorothy Emily Thompson | | | SEX 2 Female | DATE OF DEATH (MONTH, DAY, YEAR) 3 April 22, 1984 |
| RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 White | AGE—Last Birthday (Yr.) 5a 62 | UNDER 1 YEAR 5b MOS 5c DAYS | UNDER 1 DAY 5d HOURS 5e MINS | DATE OF BIRTH (Mo., Day, Yr.) 6 7/1/1921 |
| CITY, TOWN OR LOCATION OF DEATH 7a Hammond | | HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c 7609 Jarnecke Avenue | | IF HOSP. OR INST. Indicate DGA, OP, Linear Rm., Inpatient (Specify) 7d |
| STATE OF BIRTH (If not in U.S.A. name country) 8 Indiana | CITIZEN OF WHAT COUNTRY 9 U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married | SURVIVING SPOUSE (If wife, give maiden name) 11 Richard Thompson | |
| SOCIAL SECURITY NUMBER 13 310-18-0854 | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Homemaker | | KIND OF BUSINESS OR INDUSTRY 14b Own Home |
| RESIDENCE—STATE 15a Indiana | COUNTY 15b Lake | CITY, TOWN OR LOCATION 15c Hammond | | |
| STREET AND NUMBER 15d 7609 Jarnecke Avenue | | | IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 Frank | | MOTHER—MAIDEN NAME 17 Vera | | |
| INFORMANT—NAME (Type or print) 18a Richard Thompson—Husband | | MAILING ADDRESS 18b 7609 Jarnecke Avenue, Hammond, Indiana 46324 | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Entombment | | CEMETERY OR CREMATORY—FUNERAL HOME 19b St. John Cemetery | | LOCATION 19c Hammond, Indiana |
| DATE (MONTH, DAY, YEAR) 20a April 25, 1984 | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Anthony & Dziadowicz Funeral Home, 9445 Calumet Avenue, Munster, Indiana 46321 | | |
| To the best of my knowledge, death occurred at the time, date and place and due to (causes) stated 21a (Signature) Dennis L. Streeter | | DATE SIGNED (Mo., Day, Yr.) 21b 4/24/84 | HOUR OF DEATH 21c 5:30 a.m. M | |
| NAME OF ATTENDING PHYSICIAN (Type or print) 21d Dennis L. Streeter, D.O. | | MAILING ADDRESS—PHYSICIAN 21e 1212 N. Broad, Griffith, IN. 46319 | | |
| HEAD OFFICER—SIGNATURE 22a Larry D. Anthony | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b APR 25 1984 | | |
| PART 1 (a) IMMEDIATE CAUSE Respiratory arrest | | (b) DUE TO OR AS A CONSEQUENCE OF Scleroderma | | Interval between onset and death See. |
| PART 1 (b) IMMEDIATE CAUSE Mixed Connective Tissue Disease | | (c) DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death Weeks |
| PART 1 (c) IMMEDIATE CAUSE | | OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) | | Interval between onset and death Months |
| PART 11 | | AUTOPSY (Specify Yes or No) 24 No | | |

SBH 06-003 REV. 10/77

WISTERIA

S. 30 FT
N. 10 FT

L. 2 BL. 4
L. 3 BL. 4

KEY # 36-487-9

1304
001200

WILLIAM STEINER
RECORDER
JUL 31 9 56 AM '84
STATE OF INDIANA
CLERK OF COUNTY RECORDS
S.S. No.

10/4/84