

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. JUL 27 1984

Key #34-286-5
 270
 Hammond, Ind.

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

767636

5-83

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

Calumet National Bk
 P.O. Box 69
 State Hammond
 No.

Local No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. ALICE REESE 2. FEMALE 3. JUNE 26, 1973

RACE Negro AGE—LAST BIRTHDAY (YEARS) 5a. 47 UNDER 1 YEAR MOS. DAYS 5b. UNDER 1 DAY HOURS MIN. 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 6. 66-21-1926 COUNTY OF DEATH 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH 7b. Hammond INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Margaret Hospital

DECEASED STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Willie B. Reese WIDOWED DIVORCED 11.

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER 12. 429-26-3130 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Picker KIND OF BUSINESS OR INDUSTRY 13b. National Biscuit Co.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP 14a. Indiana 14b. Lake 14c. Hammond 14d. yes 14e. North

STREET AND NUMBER 14f. 6112 Willard Ave. 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no 14h. IS RESIDENCE ON A FARM? YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST 15. William Dauphin 16. Thelma Grenner

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. Willie B. Reese 17b. Husband 17c. 6112 Willard Ave. Hammond, Ave.

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) Carcinomatosis (b) Carcinoma of the Breast (c) ...

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) AUTOPSY YES NO 19a. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES NO 19b.

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. June 26, 1973 6:45 AM M. 21a. 6-27-73

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. L.E. Bombar, M.D. 22b. L.E. Bombar

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

7905 Calumet Avenue, Munster, Indiana 46321

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

23a. Burial 24b. St. Joseph Cemetery 24c. Hammond, Indiana

DISPOSITION DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 6-30-73 25a. Hinton & Williams 4859 Alexander Ave. East Chicago, Indiana

HEALTH OFFICER—SIGNATURE RECEIVED BY LOCAL HEALTH OFFICER

25b. [Signature] 26b. JUN 28 1973

FUNERAL HOME No. 152
 FUNERAL DIRECTOR'S LICENSE No. 1785
 EMBALMER'S NAME John R. Williams
 FUNERAL DIRECTOR'S SIGNATURE [Signature]

HAMMOND HEALTH COMMISSIONER
 LICENSE No. 4104
 Date Issued

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

RECORDED
 INDEXED
 JUN 27 1973
 HAMMOND, INDIANA

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