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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

2

Comes now VELMA F. POMPLIN and being duly sworn on her oath and as shown by the attached Indiana State Board of Health Medical Certificate of Death and made a part hereof and states that Alfred J. Pomplin, her husband, died on the 30th day of July, 1978.

Further Affiant saith not.

Velma F. Pomplin
Velma F. Pomplin

SUBSCRIBED and SWORN to before me, a Notary Public this 7th day of August, 1984.

Jane Moore
Jane Moore Notary Public
Resident of Lake County

My Commission expires:
March 14, 1986

*Hoffman's 3rd.
Aldd. L 40 S 1/2 R. 41
Bl. 12.
34-117-43444*

Prepared By Nona L. Noel

STATE OF INDIANA, S. NO.
LAKE COUNTY, IN.
FILED FOR RECORD
SEP 5 11 40 AM '84
WILLIAM OZDELSKI JR
CLERK OF SUPERIOR COURT
RECORDED

FILED

SEP 4 1984

[Signature]
AUDITOR STATE SERVICE

[Stamp]

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TYPE OR PRINT
PLAINLY WITH
UNFADING INK

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

54

Local No. 573

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE INDIANA STATE BOARD OF HEALTH DEPT. OF HEALTH AND -11-7C-#
 AUG 1 1978
 Date issued
 Elden B. Lathayne
 FUNDING NO. 288
 DECEASED
 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
 FUNDING NO. 288
 DECEASED
 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

HAMMOND HEALTH COMMISSIONER
 LICENSE No. 85
 FUNDING NO. 288
 DECEASED
 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

EMBALMER'S NAME
 Elden B. Lathayne

FUNERAL HOME
 FUNERAL DIRECTOR'S SIGNATURE
 Elden V. Lathayne

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

1. DECEASED—NAME FIRST: ALFRED MIDDLE: J. LAST: POMPLIN		2. SEX: MALE	3. DATE OF DEATH (MONTH, DAY, YEAR): JULY 30, 1978
4. RACE: White	5a. AGE—Last Birthday: 74	6. DATE OF BIRTH (Mo., Day, Yr.): 10-17-03	7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Hammond		7c. HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number): St. Margaret Hospital	
8. STATE OF BIRTH (if not in U.S.A. name country): Indiana	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. SURVIVING SPOUSE (if wife, give maiden name): Velma F. Schreiber
13. SOCIAL SECURITY NUMBER: 312-09-3883		14b. KIND OF BUSINESS OR INDUSTRY: E. I. duPont de Nemours & Co.	
15a. RESIDENCE—STATE: Indiana	15b. COUNTY: Lake	15c. CITY, TOWN OR LOCATION: Hammond	
15d. STREET AND NUMBER: 4618 Henry Ave.,		15e. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f. INSIDE CITY LIMITS (Specify Yes or No): yes
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. FATHER—NAME FIRST: Fred MIDDLE: Pomplin LAST: Pomplin		17. MOTHER—MAIDEN NAME FIRST: Pauline MIDDLE: Taubenheim LAST: Taubenheim	
18a. INFORMANT—NAME (if type or print): Mrs. Velma F. Pomplin		18b. MAILING ADDRESS STREET OR R.F.D. NO.: 4618 Henry Ave., Hammond, Indiana 46327	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME: Concordia Cemetery	
19c. LOCATION CITY OR TOWN STATE: Hammond, Indiana		19d. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP): Snyder-Lathayne Funeral Home, 5746 Hohman Ave., Hammond, Indiana 46320	
20a. DATE (MONTH DAY YEAR): August 2, 1978		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP): Snyder-Lathayne Funeral Home, 5746 Hohman Ave., Hammond, Indiana 46320	
21a. NAME OF ATTENDING PHYSICIAN (if type or print): Nicholas Egnatz, M.D.		21b. DATE SIGNED (Mo., Day, Yr.): 8/1/78	
21c. MAILING ADDRESS—PHYSICIAN: 30 Douglas St., Hammond, Ind. 46320		21d. HOUR OF DEATH: 7:50/78 5²⁵ P.M.	
22a. HEALTH OFFICER—SIGNATURE: E. I. duPont de Nemours & Co.		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: AUG 1 1978	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL DL AND ILL) PART I (a) Carcinoma right lung & metastasis to liver (Interval between onset and death: 1 month) (b) Emphysema (Interval between onset and death: 1 month) (c) _____ (Interval between onset and death: _____) PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) _____ (Interval between onset and death: _____) AUTOPSY (Specify Yes or No): No			