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PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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FILED
OCT 25 1984

Lucy B. ...
ADVISOR LAKE COUNTY

1984
LICENSE No. ...

William K. Wilson
FUNERAL DIRECTOR'S SIGNATURE

ADVISOR LAKE COUNTY
FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME
No. 306
LICENSE No. 2012

776105

Local No. 1812-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Petrus Rees Inc
600 W Ridge Rd
Hobart
State No. ...

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		RUTH	CATHERINE	HAMILTON	Female	September 26, 1984	
RACE—(a) White, Black, American Indian, etc. (Specify)	AGE—(Last Birthday) (Yrs)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo. Day Yr.)		COUNTY OF DEATH
4 White	5a 50	5b	5c	6	4-5-1934		7a Lake
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION - Name if not in title, give street and number			IF HOSP OR INST. Indicate DOA Of Inst. Am. Department (Specify)	
7b Merrillville			7c Broadway Methodist-Southlake Campus			7d Inpatient	
STATE OF BIRTH (If not in U.S.A. Name Country)	CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yrs in Ser.)	
8 Pennsylvania	9 U.S.A.		10 Married	11 Herbert Hamilton		12 No	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 263-42-7449			14a Home-maker		14b None		
RESIDENCE—STATE	COUNTY		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM? (Specify Yrs on farm)		
15a IN	15b Lake		15c Merrillville		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER			IS RESIDENCE ON A FARM? (Specify Yrs on farm)		INSIDE CITY LIMITS (Specify Yrs in city)		
15d 445 West 53rd Avenue			15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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			MOTHER—MAIDEN NAME		STATE OF INDIANA		
16 Louis Plesset, (dec.)			17 Marilyn [Unknown], (dec.)		S.S. No.		
INFORMANT—NAME (Type or print)		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN		
18a Herbert Hamilton, Husband		18b	445 West 53rd Avenue, Merrillville, Indiana 46410		18c Merrillville, Indiana		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		
19a Burial			19b Calumet Park Cemetery		19c Merrillville, Indiana		
DATE (MONTH DAY YEAR)			FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP)		
20a September 29, 1984			20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		46342-4198		
To the best of my knowledge, death occurred at the time, date and place stated. Cause of death stated					DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH
21a (Signature) <i>Jiroj Thephasdin, M.D.</i>					21b 9-28-84		21c 4:45 p. M
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d Jiroj Thephasdin, M.D.							
MAILING ADDRESS—PHYSICIAN							
21e 8695 Connecticut, Suite C, Merrillville, Indiana 46410							
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a <i>Paul Johnson</i>					22b 10-1-84		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST							
PART I		(a) Cardio-respiratory arrest					Interval between onset and death
		DUE TO OR AS A CONSEQUENCE OF					1/2 hour.
		(b) Severe cerebral damage					Interval between onset and death
		DUE TO OR AS A CONSEQUENCE OF					10 days
		(c) Ruptured cerebral aneurysm.					Interval between onset and death
		DUE TO OR AS A CONSEQUENCE OF					10 days.
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)							24
							No

Lee