

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

Below for State Office Use

- A _____
- B _____
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EMBALMER'S NAME KEITH DILLON
FUNERAL HOME No. 300776
FUNERAL DIRECTOR'S LICENSE No. 200367
AUG 23 1984 LICENSE No. 101205

FUNERAL HOME No. 300776
FUNERAL DIRECTOR'S LICENSE No. 200367
STATE OF INDIANA
LAKE COUNTY

Local No. 1595-84
DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
PARENTS
DISPOSITION
M.D. OR D.O.
CAUSE

6cc

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 14

Theodore Fitzgerald
P.O. Box 98
Hebron, In

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
BERNARD A. HINES					Male	August 21, 1984	
RACE—(to be 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	66	MO. DAYS	HOURS MIN.	6 Apr. 7, 1918		7 Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION (Name, if not in other spec. street and number)			IF HOSP OR INST. Indicate DOA OF Inst. (See Instructions) (Specify)	
7b Hobart			7c St Mary Medical Center			7d Inpatient	
STATE OF BIRTH (if not in U.S.A. name (Specify))	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 or Mos)	
8 Indiana	9 U.S.A.	10 Married		11 Wanda Workman		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		
13 311-10-6365		14a Supervisor - Retired			14b U.S. Steel Gary Works		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION			IS RESIDENCE ON A FARM?		
18a Indiana	18b Lake	18c Merrillville			15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yrs or Mos)	
18d 7197 Mississippi Street				15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15b Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC							
19g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST
18 Oscar				Hines	17 Amy		
INFORMANT—NAME (Type or Print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN	
18a Wanda Hines - Wife		18b		7197 Mississippi Street, Merrillville		IN 46410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN	
19a Burial		19b Salem Cemetery		19c Hebron		IN INDIANA	
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS			CITY OR TOWN		
20a August 24, 1984		20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, In. 46410			IN IN		
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH	
21a X R.A. Hovanesian				21b August 23, 1984		21c 5:25 P.	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d R.A. HOVANESSIAN M.D.							
MAILING ADDRESS—PHYSICIAN							
21e 7863 BROADWAY MERRILLVILLE, INDIANA 46410							
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a <i>Paul Johnson</i>					22b 8-23-84		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I (a) X Massive stroke							
DUE TO, OR AS A CONSEQUENCE OF							
(b) Hypertension -							
DUE TO OR AS A CONSEQUENCE OF							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)							
24 No							

FILED
DEC 3 1984
Auditor Lake County

PT 52.52.53 S.W. MAP. 22-14-9
PT 52.52.53 S.W. MAP. 22-14-35
all in sec. 14-T.35 R.8
460
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