

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

Below for State Office Use

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FILED  
FEB 21 1985  
FEB 15 1985

Hobart Park Add  
52 ft of 71 92 ft  
L. & Bl. 15  
Key # 18-43-9

EMBALMER'S NAME  
James J. Krause

FUNERAL DIRECTOR'S  
SIGNATURE  
Gerald D. Ellis

LICENSE No. *James J. Krause*  
FUNERAL DIRECTOR FOR LAKE COUNTY FUNERAL HOME  
306  
LICENSE No. *Gerald D. Ellis*

792985

Local No. *316-85*

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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 1 BETTY F. ESPY			SEX 2 Female	DATE OF DEATH--MONTH DAY YEAR 3 February 9, 1985
RACE--(eg. White, Black, American Indian, etc.) 4 White	AGE--Last Birthday 5a 63	UNDER 1 YEAR MONTHS DAYS 5b	UNDER 1 DAY HOURS MINUTES 5c	DATE OF BIRTH--MONTH DAY YEAR 6 12-23-1921
CITY, TOWN OR LOCATION OF DEATH 7b Hobart		HOSPITAL OR OTHER INSTITUTION--Name of institution, city, street and number 7c 245 South Pennsylvania Street		IF HOSP OR INST. Indicate DDA (OP, Emer, Am, Imp, Inst, Spec, etc.) 7d N/A
STATE OF BIRTH--(eg. U.S.A., Foreign Country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE--(Specify full name) 11 Robert G. Espy	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify date of entry and date of discharge) 12 NO
SOCIAL SECURITY NUMBER 13 327-20-1037		USUAL OCCUPATION--(Specify full name, including the type of business) 14a Home-maker	KIND OF BUSINESS OR INDUSTRY 14b None	
RESIDENCE--STATE 15a IN	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hobart		
STREET AND NUMBER 15d 245 South Pennsylvania Street			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 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 FIRST MIDDLE LAST 16 William O. Freeman, (dec.)			MOTHER--MAIDEN NAME FIRST MIDDLE LAST 17 Ada Rayburn, (dec.)	
INFORMANT--NAME (Type or Print) RELATIONSHIP 18a Robert F. Espy, Husband		MAILING ADDRESS--STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 245 South Pennsylvania Street, Hobart, Indiana 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY--FUNERAL HOME 19b Calumet Park Cemetery	LOCATION--CITY OR TOWN STATE 19c Merrillville, Indiana	
DATE--(MONTH DAY YEAR) 20a February 11, 1985		FUNERAL HOME--NAME AND ADDRESS--(STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 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 and due to the cause(s) stated. 21a (Signature) <i>B. Barai</i>		DATE SIGNED (Date, Day, Year) 21b 2/15/85	HOUR OF DEATH 21c 4:00 a.m.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Bharat Barai, M.D.		MAILING ADDRESS--PHYSICIAN 21e 521 East 86th Street, Merrillville, Indiana 46410		
HEALTH OFFICER--SIGNATURE 22a <i>Paul A. Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-15-85	
23 IMMEDIATE CAUSE (UNITED STATES CAUSE PER LINE FOR ALL I, II, AND III) PART I (a) CARCINOMA OF COLON WITH METASTASES DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death 24a 2 YAC
PART I (b) _____ DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
PART I (c) _____ DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS--(Conditions contributing to death but not related to cause given in PART I list)				AUTOPSY (Specify Yes or No) 24 NO

745

STATE OF INDIANA  
RECORDED  
INDEXED  
FEB 15 1985

*[Handwritten signature]*