

797820

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

License No.

597-85

1500

228

FILED
 FUNERAL HOME
 306
 APR 2 1985
 INSTRUCTIONS SEE HANDBOOK

646

 EMBALMER'S NAME
 James J. Nease
 HEALTH DEPT.

 FUNERAL DIRECTOR'S SIGNATURE
 Donald R. ...
 MAR 26 1985
 LICENSE NO. 2012

SPECIAL DEATH AUDITOR LAKE COUNTY

 DISPOSITION
 M. P. OR D.O.
 Carl Johnson

DECEASED--NAME 1 PAUL R. ANDREW			SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 March 24, 1985
RACE--(Specify) 4 White	AGE--Last Birthday (Yrs.) 5a 62	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo. Day Yr.) 6 8-9-1922
CITY, TOWN OR LOCATION OF DEATH 7a Hobart		HOSPITAL OR OTHER INSTITUTION--Name if not in either give street and number. 7c 120 North Hillcrest Avenue		IF HOSP OR INST Indicate DOA OP Enter Rm. Inpatient (Specify) 7d N/A
STATE OF BIRTH (If not in U.S.A. name country) 8 IN	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Marianna Rommel	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 312-18-6746		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Truck Driver	KIND OF BUSINESS OR INDUSTRY 14b Scot-Lad Foods	
RESIDENCE--STATE 15a IN	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hobart		
STREET AND NUMBER 15d 120 North Hillcrest Avenue			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 16 George R. Andrew		MOTHER--MAIDEN NAME 17 Miriam Robinson, (dec.)		
INFORMANT--NAME (Type or print) RELATIONSHIP 18a Marianna Andrew, Wife		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 120 North Hillcrest Avenue, Hobart, Indiana 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY--FUNERAL HOME 19b Morning Heights Cemetery		LOCATION CITY OR TOWN STATE 19c Delphi, Carroll, Indiana
DATE (MONTH DAY YEAR) 20a March 27, 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) P.J. Tara		DATE SIGNED (Mo. Day Yr.) 21b 3/26/85	HOUR OF DEATH 21c 05:05	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Pimpa J. Tara		MAILING ADDRESS--PHYSICIAN 21e 8127 Merrillville Road, Merrillville, Indiana 46410		
HEALTH OFFICER--SIGNATURE 22a Carl Johnson		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-26-85		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Mesotheli lung cancer				
DUE TO, OR AS A CONSEQUENCE OF				
PART I (b)				
DUE TO, OR AS A CONSEQUENCE OF				
PART I (c)				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing in death but not related in cause given in PART I (a)				
AUTOPSY (Specify Yes or No) 24 No				

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