809985

Local No. 801-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

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

Below for State Office Use

FILED JUL 3 1985

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

JUL 3 1985

LICENSE No. [signature]

FUNERAL DIRECTOR'S AUDITOR LAKE COUNTY FUNERAL HOME No. 750

LICENSE No. 94

EMBALMER'S NAME Edgar Gleim

FUNERAL DIRECTOR'S SIGNATURE [signature]

LAKE COUNTY HEALTH COMMISSIONER

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 TESSIE L. BROWN
SEX	2 FEMALE
DATE OF DEATH (Month Day Year)	3 APRIL 26, 1985
RACE (e.g. White, Black, American Indian, etc.)	4 White
AGE (Last Birthday)	5a 59
UNDER 1 YEAR (Mos. / Days)	5b
UNDER 1 DAY (Hours / Mins)	5c
DATE OF BIRTH (Mo. Day Yr.)	6 DEC. 21, 1925
COUNTY OF DEATH	7a LAKE
CITY, TOWN OR LOCATION OF DEATH	7b MUNSTER
HOSPITAL OR OTHER INSTITUTION	7c COMMUNITY HOSPITAL
IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify)	7d INPATIENT
STATE OF BIRTH (If not in U.S.A. name country)	8 Arkansas
CITIZEN OF WHAT COUNTRY	9 U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	10 Married
SURVIVING SPOUSE (If wife, give maiden name)	11 James G. Brown
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	12 No
SOCIAL SECURITY NUMBER	13 310-32-3584
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14a Home Maker
KIND OF BUSINESS OR INDUSTRY	14b Domestic
RESIDENCE STATE	15a INDIANA
COUNTY	15b LAKE
CITY, TOWN OR LOCATION	15c GARY
STREET AND NUMBER	15d 6060 W. 30TH. ST.
IS RESIDENCE ON A FARM?	15e YES ☐ NO ☒
INSIDE CITY LIMITS (Specify Yes or No)	15f Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	15g YES ☐ NO ☒
FATHER NAME (First, Middle, Last)	16 Elston Swift
MOTHER MAIDEN NAME (First, Middle, Last)	17 Cecil Hibdon
INFORMANT NAME (Type or print) / RELATIONSHIP	18a James G. Brown Husband
MAILING ADDRESS (Street or R.F.D. No.)	18b 6060 West 30th Ave.
CITY OR TOWN / STATE / ZIP	Gary, Indiana 46406
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19a Burial
CEMETERY OR CREMATORY - FUNERAL HOME	19b Jones's Ridge Cemetery
LOCATION (City or Town, State)	19c Dela Plain, Arkansas
DATE (Month Day Year)	20a April 29, 1985
FUNERAL HOME NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	20b KUIPER FUNERAL HOME 9039 Kleinman Rd. Highland, IN
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature)	21a Michael A Keer DO
DATE SIGNED (Mo. Day Yr.)	21b 4/26/85
HOUR OF DEATH	21c 1:45 A.M.
NAME OF ATTENDING PHYSICIAN (Type or Print)	21d MICHAEL A. KEER, D.O.
MAILING ADDRESS PHYSICIAN	21e 8235 CALUMET AVE. MUNSTER, IND. 46321
HEALTH OFFICER - SIGNATURE	22a [signature]
DATE RECEIVED BY LOCAL HEALTH OFFICER	22b 4-26-85
PART I (a) IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c))	Pulmonary Failure — Interval between onset and death: 1wk
(b) DUE TO, OR AS A CONSEQUENCE OF	Severe interstitial pulmonary Fibrosis — Interval between onset and death: 5yrs
(c) DUE TO, OR AS A CONSEQUENCE OF	Congestive heart Failure, severe pulmonary hypertension — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I(a))	AUTOPSY (Specify Yes or No) 24

STATE OF INDIANA, LAKE COUNTY, LEGISLATIVE REGISTRAR

JUL 3 3 PM '85

RUDOLPH CLAY RECORDER

224

SBH 06-003 State Form 35430
REV. 10/77

400