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PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

FILED
JUL 8 1985

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF
DEATH TO BE FILED WITH THE LAKE COUNTY
HEALTH DEPT.

CELESTE P. KAUFMAN

LICENSE No. 3362

EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE
FURNAL HOME
APR 1985
AUDITOR LAKE COUNTY

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

DISPOSITION
LAKE COUNTY HEALTH COMMISSIONER

M.D.
OR
D.O.

CAUSE

200 810280

Local No. 553-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED - NAME 1 ALLEN BATTON			SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 March 16, 1985
RACE - (If other than American Indian or Alaskan) 4 Blk. American	AGE - (Last Birthday) 5a 74	UNDER 1 YEAR 5b MONTHS 5c DAYS	UNDER 1 DAY 5d HOURS 5e MINUTES	DATE OF BIRTH (MONTH DAY YEAR) 6 June 15, 1910
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION (Name of institution, street and number) 7c Merrillville Convalescent Home		IF HOSP OR INST. Indicate DOA of Emer. Res. Institution (Specify) 7d In Patient
STATE OF BIRTH (If not in U.S.A. Name country) 8 MISSISSIPPI	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If not give maiden name) 11 Betty Hutson	
SOCIAL SECURITY NUMBER 13 312-05-0318		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Retired Mill Worker	KIND OF BUSINESS OR INDUSTRY 14b Steel Mill	
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c Gary		
STREET AND NUMBER 15d 1739 Hayes 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 16 Mose Batton		MOTHER - MAIDEN NAME 17 Lillie Unknown		
INFORMANT - NAME (Type or print) 18a Betty S. Batton, Wife		RELATIONSHIP	MAILING ADDRESS (Street or R.F.D. No.) 18b 1739 Hayes Street	CITY OR TOWN 18c Gary
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Fern Oaks Cemetery		LOCATION 19c 1418 E. Elm St., Griffith, IN
DATE (MONTH DAY YEAR) 20a March 20, 1985		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State Zip) 20b Kaufman Fun. Home, Inc., 421 W. 5th Ave., Gary, IN 46402		
21a Signature: <i>[Signature]</i>		DATE SIGNED (Mo. Day Yr.) 21b 3-19-85	HOUR OF DEATH 21c 10:30 AM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d JACOB G. PRUITT, M.D.				
MAILING ADDRESS - PHYSICIAN 21e 7895 PROSPERITY MERRILLVILLE IN				
HEALTH OFFICER - SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-18-85		
23a (1) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (1) AND (2)) MORNING SICKNESS		Interval between onset and death 2/17/85		
23b (2) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
23c (3) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
23d (4) OTHER (Specify ALL CONDITIONS - Conditions contributing to death but not related to cause given in PART 1(a)) DIABETES MELLITUS		AUTOPSY (Specify Yes or No) 24 No		

SBH 08-003
REV 10/77

State Form 35430

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STATE OF INDIANA
LAKE COUNTY
FILED FOR FOSTER
RUFOLPH G
RECORDED
JUL 8 10 30 AM '85

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