824296

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Local No. 22

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Claude Eaton
1525 E. 35th Pl.
Gary 46409

State No.

1. DECEASED—NAME (First, Middle, Last): Virginia D. Eaton	2. SEX: Female	3. DATE OF DEATH: Jan. 5, 1979	
4. RACE: White	5a. AGE: 47	6. DATE OF BIRTH: Mar. 1, 1931	7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Hammond	7c. HOSPITAL OR OTHER INSTITUTION: Kennedy Park Apt 26 Bldg 24	7d. IF HOSP. OR INST.: N/A	
8. STATE OF BIRTH: Tenn.	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: divorced	11. SURVIVING SPOUSE: N/A; 12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: no
13. SOCIAL SECURITY NUMBER: 383-28-6422	14a. USUAL OCCUPATION: Receptionist	14b. KIND OF BUSINESS OR INDUSTRY: Apartment Complex	
15a. RESIDENCE—STATE: Indiana	15b. COUNTY: Lake	15c. CITY, TOWN OR LOCATION: Hammond	
15d. STREET AND NUMBER: Kennedy Park Apt. 26 Bldg. 24	15e. IS RESIDENCE ON A FARM?: NO ☒	15f. INSIDE CITY LIMITS: yes	
15g. IS DECEASED OF SPANISH DESCENT?: NO ☒			
16. FATHER—NAME: Thomas D. Hancock	17. MOTHER—MAIDEN NAME: Lillie Mitchel		
18a. INFORMANT—NAME: Philip Eaton	18b. MAILING ADDRESS: 2151 Sherwood Lake Dr. Apt. 2C, Schererville, Ind. 46375		
19a. BURIAL, CREMATION, REMOVAL, OTHER: Burial	19b. CEMETERY OR CREMATORY: Chapel Lawn	19c. LOCATION: Schererville, Indiana 46323	
20a. DATE: January 9, 1979	20b. FUNERAL HOME: Virgil Huber Funeral Home, 7051 Kennedy Ave., Hammond, Ind.		
21a. Signature (CERTIFIER): A Willardo MD	21b. DATE SIGNED: 2/7/79	21c. HOUR OF DEATH:	
	21d. PRONOUNCED DEAD ON: 1/5/79	21e. PRONOUNCED DEAD AT: 2:06 PM	
21f. NAME AND ADDRESS OF CERTIFIER: ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307			
22a. HEALTH OFFICER: [signature]	22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 2-7-79		
23. PART I (a) IMMEDIATE CAUSE: Vascular collapse due to	Interval: Undetermined		
(b) DUE TO: overdose of combination of			
(c) DUE TO: drugs.			
PART II OTHER SIGNIFICANT CONDITIONS:	24. AUTOPSY: Yes		
25a. ACC., SUICIDE, HOM., UNDET.: Accidental	25b. DATE OF INJURY: 1/5/79	25c. HOUR OF INJURY:	25d. DESCRIBE HOW INJURY OCCURRED: Combination of drugs & alcohol
25e. INJURY AT WORK: No	25f. PLACE OF INJURY: Home	25g. LOCATION: 2838 178th Pl. Kennedy Ave., Hammond, Ind	

Below for State Office Use

FILED OCT 15 1985

AUDITOR LAKE COUNTY

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

HAMMOND HEALTH COMMISSIONER

OCT 1985 Date Issued

47-98-H

EMBALMER'S NAME: Charles Wells LICENSE No. 4237

FUNERAL DIRECTOR'S SIGNATURE: [signature] FUNERAL DIRECTOR'S LICENSE No. 2497

FUNERAL HOME No.

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

STATE OF INDIANA LAKE COUNTY FILED OCT 15 1985 RUDOLPH ... RECORDER