825019

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

Below for State Office Use

FILED

Local No. 668

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1788

DO NOT PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

AUDITOR LAKE COUNTY

DECEASED

1 NAME — First: Clayton; Middle: James; Last:
2 SEX: Male
3 DATE OF DEATH (Month Day Year): 9-9-85
4 RACE: White
5a AGE — Last Birthday: 72
5b UNDER 1 YEAR — Months / Days:
5c UNDER 1 DAY — Hours / Mins:
6 DATE OF BIRTH: Aug. 8, 1913
7a COUNTY OF DEATH: Lake
7b CITY, TOWN OR LOCATION OF DEATH: Hammond
7c HOSPITAL OR OTHER INSTITUTION: St. Margaret Hospital
7d IF HOSP OR INST indicate DOA or Emer Rm Inpatient: Inpatient
8 STATE OF BIRTH: Illinois
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11 SURVIVING SPOUSE: Mary (Tatara)
12 WAS DECEDENT EVER IN U S ARMED FORCES?: no
13 SOCIAL SECURITY NUMBER: 336-07-0849-A ~~316-24-6417~~
14a USUAL OCCUPATION: Pump Operator
14b KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.

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

15a RESIDENCE—STATE: Indiana
15b COUNTY: Lake
15c CITY, TOWN OR LOCATION: Munster
15d STREET AND NUMBER: 249 Sunset Lane
15e IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC: YES ☐ NO ☒

PARENTS

16 FATHER—NAME: Edward James
17 MOTHER—MAIDEN NAME: Amanda Dolly

18a INFORMANT—NAME (Type or Print) RELATIONSHIP: Mary James - Wife
18b MAILING ADDRESS (Street or R F D No., City or Town, State, Zip): 249 Sunset Lane, Munster, Indiana 46321

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b CEMETERY OR CREMATORY—FUNERAL HOME: Holy Cross Cemetery
19c LOCATION (City or Town, State): Calumet City, Ill.
20a DATE (Month Day Year): Sept. 12, 1985
20b FUNERAL HOME—NAME AND ADDRESS (Street or R F D No., City or Town, State, Zip): Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind 46324

M.D. OR D.O.

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated
21a (Signature) ▶ Stuart Klein
DATE SIGNED (Mo Day Yr): 21b 9/10/85
HOUR OF DEATH: 7:30 p.m. M
NAME OF ATTENDING PHYSICIAN (Type or Print): 21d Stuart Klein
MAILING ADDRESS—PHYSICIAN: 21e Hammond Clinic 7905 Calumet Ave., Munster, Ind. 46321

HEALTH OFFICER—SIGNATURE: Franklin D Pymm M.D.
DATE RECEIVED BY LOCAL HEALTH OFFICER: 22b SEP 10 1985

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I
(a) Cerebrovascular Accident — Interval between onset and death:
DUE TO OR AS A CONSEQUENCE OF
(b) Hypertension — Interval between onset and death:
DUE TO OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I(a): Cardiac Arrhythmia
AUTOPSY (Specify Yes or No): 24 no

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

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

SEP 10 1985
Date Issued

LICENSE No. 5184

FUNERAL DIRECTOR'S LICENSE No. 2141

EMBALMER'S NAME Anthony Solan

FUNERAL DIRECTOR'S SIGNATURE Anthony Solan

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