#2-0004221-80 Mercantile Nat'l Bank 5243 Hohman Ave, Hammond attn: Clara

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

Below for State Office Use

CHICAGO TITLE INSURANCE COMPANY 825192

Local No. 170

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 855

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: First Thomas; Middle H.; Last Boren
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 2-21-85
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): white
5a. AGE—Last Birthday (Yrs.): 62
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Yr.): 11/24/1922
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Hammond
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): St. Margarets Hospital
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer Rm., Inpatient (Specify): Emer. Rm.
8. STATE OF BIRTH (If not in U.S.A. name country): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
11. SURVIVING SPOUSE (If wife, give maiden name): Josephine Michael
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): yes WWII
13. SOCIAL SECURITY NUMBER: 334-16-9015
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver
14b. KIND OF BUSINESS OR INDUSTRY: B. & L. Trucking

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: Hammond
15d. STREET AND NUMBER: 1674-174th Place
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: First Frank; Middle; Last Boren
17. MOTHER—MAIDEN NAME: First Elizabeth; Middle; Last McClure

18a. INFORMANT—NAME (Type or print): Mrs. Josephine Boren [Wife]
18b. MAILING ADDRESS (Street or R F D No.; City or Town; State; Zip): 1674-174th Place Hammond, Indiana 46324

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Chapel Lawn Mem. Gardens
19c. LOCATION (City or Town; State): Schererville, Indiana
20a. DATE (Month, Day, Year): February 25, 1985
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R F D No., City or Town, State, Zip): Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Indiana 46323

CAUSE

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature) ▶ W. Hehemann, M.D.
21b. DATE SIGNED (Mo., Day, Yr.): 2/21/85
21c. HOUR OF DEATH: 4:02 P.M.
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): W. Hehemann, M. D.
21e. MAILING ADDRESS—PHYSICIAN: 7905 Calumet Avenue, Munster, Indiana 46321
22a. HEALTH OFFICER—SIGNATURE: Franklin D. Fremuda M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: FEB 22 1985

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) Acute Myocardial Separation — Interval between onset and death: 20 minutes
DUE TO, OR AS A CONSEQUENCE OF
(b) Coronary Artery Disease — Interval between onset and death: over 5 years
DUE TO OR AS A CONSEQUENCE OF
(c)

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.

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

6. _____
7. _____
8. _____

Disposition Permit Issued / /
Provisional Certificate ☒ Yes ☐ No

EMBALMER'S NAME: Robert C. Lucy
FUNERAL DIRECTOR'S SIGNATURE: Robert C. Lucy
FUNERAL HOME No. 280
FUNERAL DIRECTOR'S LICENSE No. 1005
EMBALMER'S LICENSE No. 1222
HAMMOND HEALTH COMMISSIONER
Date Issued FEB 22 1985

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

RECEIVED FEB 22 1985 STATE BOARD OF HEALTH VITAL RECORDS

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

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