

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

Below for State Office Use

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

Country Club Estate
all of B 2 Bl. 11
Key # 17 - 90-32

830266

Local No. 2144-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 19-3
1200

FUNERAL HOME
No. 306

FUNERAL DIRECTOR'S
LICENSE No. 2012

EMBALMER'S NAME
William S. Wilson

NOV 12 1985
LICENSE No. 1985

FUNERAL DIRECTOR'S
SIGNATURE

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

1 DECEASED - NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)	
1 RICHARD EUGENE HINES		2 Male		3 November 9, 1985	
4 RACE - (See instructions on back of form) White		5a AGE - Last birthday (Specify) 58		6 DATE OF BIRTH (Month Day Year) 6-3-18-1927	
7a CITY, TOWN OR LOCATION OF DEATH Hobart		7b HOSPITAL OR OTHER INSTITUTION - Name (include number, if on street and number) 120 North Cavender Street		7c COUNTY OF DEATH Lake	
8 STATE OF BIRTH (If not in U.S.A. name country) IL		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married	
11 SURVIVING SPOUSE (If wife give maiden name) Georgia E. Wilding		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes		13 SOCIAL SECURITY NUMBER 310-22-1830	
14a USUAL OCCUPATION (Give kind of work done during most of working life even if retired) General Foreman		14b KIND OF BUSINESS OR INDUSTRY U.S. Steel - Gary Tube		15a RESIDENCE - STATE IN	
15b COUNTY Lake		15c CITY, TOWN OR LOCATION Hobart		16 STREET AND NUMBER 120 North Cavender Street	
17 IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/>		18 INSIDE CITY LIMITS (Specify Yes or No) Yes		19 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO <input checked="" type="checkbox"/>	
20 FATHER - NAME FIRST MIDDLE LAST Urban B. Hines, (dec.)		21 MOTHER - MAIDEN NAME FIRST MIDDLE LAST Ruth M. Corp			
22 INFORMANT - NAME (Type or Print) RELATIONSHIP Georgia E. Hines, Wife		23 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 120 North Cavender Street, Hobart, Indiana 46342			
24 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		25a CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery		25b LOCATION CITY OR TOWN STATE Merrillville, Indiana	
26a DATE (MONTH DAY YEAR) November 13, 1985		26b FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-4198		27 To the best of my knowledge (with accuracy) the time, date and place and due to the cause(s) stated: 28a (Signature) <i>Jack H. Ziegler</i>	
28b NAME OF ATTENDING PHYSICIAN (Type or Print) Jack H. Ziegler, M.D.		29 DATE SIGNED (Month Day Year) 11-11-85		30 HOUR OF DEATH 9:40 a. M	
31 MAILING ADDRESS - PHYSICIAN 7863 Broadway, Merrillville, Indiana 46410		32a HEALTH OFFICER - SIGNATURE <i>Paul Johnson</i>		32b DATE RECEIVED BY LOCAL HEALTH OFFICER 11-12-85	
33 IMMEDIATE CAUSE (STATE ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART I (a) Card pulmonary arrest DUE TO OR AS A CONSEQUENCE OF (b) coronary artery disease DUE TO OR AS A CONSEQUENCE OF (c) <i>mental valve</i>					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not to the cause(s) given in PART I (a) (b) (c) <i>mental valve replacement</i>					

SBH 08-003 State Form 35430
REV. 10/77

RECORDED
INDEXED
NOV 12 1985

4.05