

Rees Funeral Home
600 W. Ridge Rd.
Hobart 46342 1000

844467

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 412-86

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below the State Office Use

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

WILLIAM K. WILSON
FEB 28 1986
FERN LICENSE NO. 2256
FEDERAL DIRECTOR'S SIGNATURE
FERN LICENSE NO. 2012
FEDERAL HOME 306
FEDERAL DIRECTOR'S SIGNATURE
FERN LICENSE NO. 2012

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

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

PARENTS

DISPOSITION

M.D.
OR
D.D.

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

CAUSE

DECEASED NAME 1 MYRTLE M GOSS		SEX Female	DATE OF DEATH (MONTH DAY YEAR) February 28, 1986
RACE (e.g. White, Black American, Indian, etc.) 4 White	AGE (Year, Month, Day) 5a 62	UNDER 1 YEAR 5b 5c	UNDER 1 DAY 5d 5e
CITY, TOWN OR LOCATION OF DEATH 7a Merrillville		HOSPITAL OR OTHER INSTITUTION 7b Broadway Methodist Hosp. Southlake Campus	IF HOSP OR INST. INDEED DOA (If not, see instruction 15a) 7c Emergency Rm.
STATE OF BIRTH (or that of U.S.A. if born in U.S.A.) 8 IL	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SURVIVING SPOUSE (Name and address) 11 John F. GOSS, Sr.
SOCIAL SECURITY NUMBER 13 313-14-7386		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Home-maker	KIND OF BUSINESS OR INDUSTRY 14b None
RESIDENCE STATE 15a IN	COUNTY 16a Lake	CITY, TOWN OR LOCATION 15c Gary	
STREET AND NUMBER 15d 4001 Maryland Street		IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IDENTITY LIMITED (If applicable, specify on back) STATE OF INDIANA COUNTY OF LAKE COUNTY
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER NAME (First, Middle, Last) 16 Alfonso Newcome, (dec.)		MOTHER MAIDEN NAME (First, Middle, Last) 17 Bertha Newcome, (dec.)	
INFORMANT NAME (If not at home) 18a Darrell C. Goss, Son	RELATIONSHIP 18b Son	MAILING ADDRESS (Street, P.O. Box, City or Town) 18c 52 Canterbury Circle, Chesterton, IN 46304	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY (Funeral Home) 19b Calumet Park Cemetery	LOCATION (City or Town, State) 19c Merrillville, Indiana	
DATE (Month, Day, Year) 20a March 3, 1986	FUNERAL HOME - NAME AND ADDRESS (Street or P.O. Box, City or Town, State, ZIP) 20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		
To the best of my knowledge, death occurred on the date and place and under the conditions stated. 21a Signature: <i>Lester J. Daros</i>		DATE SIGNED (Month, Day, Year) 21b 2/28/86	HOUR OF DEATH (Specify Time or AM) 21c 1:25 a.
NAME OF ATTENDING PHYSICIAN (If not at home) 21d Lester J. Daros, M.D.		MAILING ADDRESS - PHYSICIAN 21e 3100 - 45th Street, Highland, Indiana 46322	
HEALTH OFFICER (Name) 22a <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-28-86	
PART I 23 IMMEDIATE CAUSE (See instruction 15a) CONGENITAL ANOXIA		Interval between onset and death MINUTES	
PART II 23b DUE TO OR AS A CONSEQUENCE OF CARDIAC ARREST		Interval between onset and death MINUTES	
PART III 23c IMMEDIATE OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE		Interval between onset and death DAYS	
PART IV 23d OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death, but not related to cause given in Part I, II, or III) METASTATIC SMALL CELL CARCINOMA OF LUNG		AUTOPSY (Specify Yes or No) 24 No	

365

406