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PERMANENT
RECORD

Below for State Office Use

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FILLED

FEB 27 1986 LICENSE No. 570

ROOSEVELT ALLEN

FUNERAL HOME: 704 MAR 19 1986

FUNERAL DIRECTOR'S SIGNATURE: *Henry J. Colwell*

FUNERAL DIRECTOR'S LICENSE No. 888

845711

Local No. 398-86

LAKE COUNTY, INDIANA

DECEASED

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

PARENTS

LAKE COUNTY HEALTH COMMISSIONER

CONDITION IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

CAUSE

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

DATE OF DEATH: MONTH DAY YEAR
February 24, 1986

DECEASED NAME JOSEPH TALLIER JR.		SEX MALE	DATE OF DEATH: MONTH DAY YEAR February 24, 1986
RACE: (See Manual Book American Indian or Alaskan) Blk.	AGE: Last Birthday 87	DATE OF BIRTH: MONTH DAY YEAR 8-4-1898	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merriville		HOSPITAL OR OTHER INSTITUTION Merriville Convalescent Home	IF HOSP OR INST. Indicate DOA (See Manual Book Institution-Specific) No
STATE OF BIRTH (If not in U.S. A name country) Miss.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Divorced	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
SOCIAL SECURITY NUMBER 303-36-3617	USUAL OCCUPATION (Give kind of work done for the most of working life) Retired	KIND OF BUSINESS OR INDUSTRY Neighborhood Cleaners	
RESIDENCE - STATE In.	COUNTY Lake	CITY, TOWN OR LOCATION Gary	
STREET AND NUMBER 1134 Baker St.		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15d IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FIRST MIDDLE LAST Joseph Tallier Sr.		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Mary Ann	
INFORMANT (Name, Title or Relation) Richard Parker (Son)	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1134 Baker St. Gary Ind. 46404	INSIDE CITY LIMITS (Specify Yes or No) Yes	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY - FUNERAL HOME Fern Oak	LOCATION CITY OR TOWN STATE Griffith Ind.	
DATE (MONTH DAY YEAR) February 28, 1986	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) Gay & Allen Rn. Dir., Inc. 2959 W. 11th Ave. Gary, In. 46404		
21a SIGNATURE OF ATTENDING PHYSICIAN (Type or Print) Mona H. Stern, MD	DATE SIGNED (M. Day Yr) Feb. 26, 1986	HOUR OF DEATH 4:30 A. M.	
21b MAILING ADDRESS - PHYSICIAN 601 W. 62nd St - Merriville, Ind 46410	HEALTH OFFICER - SIGNATURE Paul Johnson		
22a IMMEDIATE CAUSE (ENTER UNDERLYING CAUSE PER LINE FOR 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) CEREBROVASCULAR ACCIDENT (STROKE)	DATE RECEIVED BY LOCAL HEALTH OFFICER 2-27-86		
22b INTERMEDIATE CAUSE (ONE TO UNDERLYING CAUSE AS A CONSEQUENT OF) PNEUMONIA	INTERVAL BETWEEN ONSET AND DEATH		
22c OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART 11) PNEUMONIA	INTERVAL BETWEEN ONSET AND DEATH		
24 AUTOPSY (Specify Yes or No) No			

252

Handwritten initials