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PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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City of Ellettsville
Bl # 49-857-10
10411
10411

EMBALMER'S NAME
Henry Blake

LICENSE No. 1940

FUNERAL DIRECTOR'S SIGNATURE
C. J. Huber

FUNERAL HOME
2800 N. 28th St. Ellettsville, Ind.

Local **857086**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Lowell Colbert
2726 King St.
State No. *Gary 46406*

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 MAY BE OF IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME George George Hubbard Burniston			SEX Male	DATE February 7, 1986
RACE White	AGE—Last Birthday 69	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH 6-11-28-1916
CITY, TOWN OR LOCATION OF DEATH 7b East Chicago		HOSPITAL OR OTHER INSTITUTION—Name if not in other give street and number. 7c St. Catherine Hospital		IF HOSP OR INST (Specify Dept. or Room if in Institution) 7d Inpatient
STATE OF BIRTH 8 Illinois	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Bette Ambler	
SOCIAL SECURITY NUMBER 13 349-05-2853		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14 Superintendent of Trans.	KIND OF BUSINESS OR INDUSTRY 14b I.H.B.R.R.	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 2722 King St.		INSIDE CITY LIMITS (Specify YES OR NO) 15f Yes		
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 16 John H. Burniston		MOTHER—MAIDEN NAME 17 Florence Wood		
INFORMANT—NAME (Type or print) 18a Karen Burniston—Daughter		MAILING ADDRESS 18b 1601 Anna Ave., Schererville, Indiana 46375		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Elmwood Cemetery		LOCATION 19c Hammond, Indiana
DATE (MONTH DAY YEAR) 20a February 11, 1986		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b C.J. Huber Funeral Home, 722-165th St., Hammond, Indiana 46324		
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>James Greenwald M.D.</i>		DATE SIGNED (Mo. Day Yr.) 21b 2-8-86	HOUR OF DEATH 21c 7:35 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d James Greenwald M.D.				
MAILING ADDRESS (PHYSICIAN) 21e 5500 Hohman Ave. Hammond, In. 46320				
HEALTH OFFICER—SIGNATURE 22a <i>C. A. Campaigne M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-11-86	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 23				
PART (a) <i>Carcinoma of the Lung</i>				
PART (b) <i>Severe Emphysema</i>				
PART (c)				
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not listed as cause given in PART I.) 24				
AUTOPSY? Specify Yes or No 24 No				

STATE OF INDIANA
FILED
RECORDED
CLAY

400