

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

Below for State Office Use

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Riverside Estates
Not 215
Key # 21-83-25

William K. Wilson
EMBALMER'S NAME

FUNERAL HOME
No. 306
FUNERAL DIRECTOR'S
LICENSE No. 2012
FUNERAL DIRECTOR'S
SIGNATURE

#1-4253
876418 R5716 S
Atty John Hovanec
2680 Central Ave, Lake Station
131301
16
1981

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 650-86

State No. _____

DECEASED NAME 1 ROBERT ARLO JANES			SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 March 30, 1986
RACE 4 White	AGE - Last Birthday 5a 59	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (MO DAY YR) 6 12-17-1926
CITY, TOWN OR LOCATION OF DEATH 7b Hobart		HOSPITAL OR OTHER INSTITUTION 7c St. Mary's Medical Center		IF HOSP OR INST Indicates DOA OF Time Am. Indian (Specify) 7d Inpatient
STATE OF BIRTH (Name of U.S.A. Name Country) 8 MD	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (Name of person) 11 Letty B. Collier	WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 Yes
SOCIAL SECURITY NUMBER 13 497-20-7555		USUAL OCCUPATION (See list of work done during last 12 months) 14a Maintenance	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Corp.	
RESIDENCE - STATE 15a IN	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Lake Station		
STREET AND NUMBER 15d 4144 Park Avenue			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 16 Frederick Arlo Janes, (dec.)			MOTHER MAIDEN NAME (FIRST MIDDLE LAST) 17 Blanche Mae Steele, (dec.)	
INFORMANT - NAME (Type or Print) 18a Letty B. Janes, Wife		RELATIONSHIP 18b 4144 Park Avenue, Lake Station, Indiana 46405		
BURIAL CREMATION REMOVAL OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY FUNERAL HOME 19b Graceland Cemetery		LOCATION (CITY OR TOWN STATE) 19c Valparaiso, Indiana
DATE (MONTH DAY YEAR) 20a April 2, 1986		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		
To the best of my knowledge death occurred in the time, place and due to the causes stated. 21a (Signature) <i>B. Barai</i>			DATE SIGNED (MO DAY YR) 21b 3-31-86	HOUR OF DEATH 21c 9:15 a. M
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d B.H. Barai, M.D.				
MAILING ADDRESS - PHYSICIAN 21e 521 East 86th Avenue, Merrillville, Indiana 46410				
HEALTH OFFICER SIGNATURE 22a <i>Paul Johnson MD</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-31-86	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) PART I (a) Carcinoma of Lung (b) ... (c) ... PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) ...				

PARENTS

DISPOSITION

M.D.
OR
D.O.

CAUSE

FILED

SEP 22 1986

AUDITOR LAKE COUNTY

RECORDED
15 PM
SEP 22 1986

AUTOPSY (Specify Yes or No)
24 No