

TYPE OR PRINT
PLAINLY WITH
UNFAADING INK

883267

Local No. 360

INDIANA STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

State No. 1711

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Dale					Long	2. Male	3. May 4, 1976	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. White	5a. 62	5b. 11 15	5c.		July 19, 1913	7a. Lake		
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Hammond			7c. yes		7d. St. Margaret Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Ohio		9. USA		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Adda Long (Smith)		
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 493-09-6918		13a. Millwright		13b. Construction				
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
14a. Indiana		14b. Lake	14c. Hammond		14d. yes	14e. North		
STREET AND NUMBER			14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			14h. RESIDENCE ON A FARM? (Yes, no, or unknown)		
14f. 6939 Magoun Avenue			no			no		

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Lewis				Long	16. Elizabeth				Hess
INFORMANT—NAME			RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Adda L. Long			17b. Wife		17c. 6939 Magoun Ave., Hammond, Ind, 46324				

PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Cardiac Arrhythmia		1 week
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Arterio sclerotic Heart Disease		unk.
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Diabetes mellitus				19a. YES <input type="checkbox"/> NO <input type="checkbox"/>
				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>

DATE & TIME OF DEATH				MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR	
20. May 4, 1976				2:30 A	M.	21a. May 4, 1976						
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE				SIGNATURE OF PHYSICIAN				PHY. CODE NO.				
22a. R.P. Smitley				22b. [Signature]								
MAILING ADDRESS—PHYSICIAN				STREET OR R.F.D. NO		CITY OR TOWN		STATE		ZIP		
23. 110 Ridge Rd.				Munster		Ind.		46321				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN		STATE				
24a. Burial		24b. Elmwood Cemetery		24c. Hammond		Indiana						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)										
24d. May 7, 1976v		25a. Solan Funeral Home 7109 Calumet Ave., Hammond, Ind. 46324										
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER										
25b. [Signature]		26b. 5-5-76										

SBI-106-003

THIS COPY OF THE CERTIFICATE OF DEATH IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. 4-5-76

HAMMOND HEALTH COMMISSIONER

Anthony Solan
5184
Lic. No. 2141
Funeral Director's License No. 2141

EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE

Disposition Permit Issued	/	/
Provisional Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No

#36-396-30

Wanda Mae #5
Lt 301 441st Ave Rto 31-32

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 2141

FUNERAL HOME No. 259

THIS IS A PERMANENT RECORD

RECORDED 30 1988

FILED

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