10+2 certs

4125883 4D chg RRA

Ref: Eugene Feingold RRA
707 Ridge Rd.
Munster, IN 46321

TYPE OR PRINT PLAINLY WITH UNFADING INK ( ) THIS IS A PERMANENT R...

889830

Local No. 207

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. .....

THIS CERTIFICATE THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

MAR 19 1984

HAMMOND HEALTH COMMISSIONER

Date Issued

LICENSE No. 1876

FUNERAL DIRECTOR'S LICENSE No. 1876

FUNERAL HOME Acullin Lake County

Use PERMANENT BLACK INK FOR PERMANENT RECORD. SEE INSTRUCTIONS IN HANDBOOK

DECEASED

1. DECEASED—NAME: First William	Middle H.	Last Jacobs	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): 3-14-84	
4. RACE: White	5a. AGE—Last Birthday: 64	5b. UNDER 1 YEAR: Mos / Days	6. UNDER 1 DAY: Hours / Mins	6. DATE OF BIRTH: 2-9-1920	7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Hammond	7c. HOSPITAL OR OTHER INSTITUTION: St. Margaret Hospital			7d. IF HOSP. OR INST. Indicate DOA, OP/Emer Rm., Inpatient: inpatient	
8. STATE OF BIRTH: Indiana	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	11. SURVIVING SPOUSE: Norma Jean Horrigan	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: yes	
13. SOCIAL SECURITY NUMBER: 303-18-5573	14a. USUAL OCCUPATION: President	14b. KIND OF BUSINESS OR INDUSTRY: Carrier Elect. Co.			

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

15a. RESIDENCE—STATE: Indiana	15b. COUNTY: Lake	15c. CITY, TOWN OR LOCATION: Hammond		
15d. STREET AND NUMBER: 930 177th Place		15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒	INSIDE CITY LIMITS (Specify Yes or No): yes	
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒				

PARENTS

16. FATHER—NAME: First	Middle J.	Last Edgar Jacobs	17. MOTHER—MAIDEN NAME: First Sarah	Middle	Last Harris		
18a. INFORMANT—NAME (Type or print): Tracy Doyle-daughter	RELATIONSHIP	18b. MAILING ADDRESS (Street or R.F.D. No.): 5807 West 122nd Street	City or Town: Crown Point,	State: In.	ZIP: 46307		

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	19b. CEMETERY OR CREMATORY—FUNERAL HOME: Oakgrove Cemetery	19c. LOCATION City or Town: Washington,	State: In. 46324
20a. DATE (Month, Day, Year): 3-17-84	20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP): C.J. Hyber Funeral Home 722 165thSt. Hammond, In		

21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature) Samuel [illegible] M.D. OR D.O. — 21b. DATE SIGNED (Mo., Day, Yr.): 3/15/84 — 21c. HOUR OF DEATH: 9:30 p.m. M

21d. NAME OF ATTENDING PHYSICIAN (Type or Print): S. N. Wong, M. D.

21e. MAILING ADDRESS—PHYSICIAN: Box 1037, Hammond, Ind. 46324

22a. HEALTH OFFICER—SIGNATURE: Franklin D. Pyrah M.D. — 22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: MAR 19 1984

CAUSE

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I
(a) Acute hepatic failure
DUE TO, OR AS A CONSEQUENCE OF
(b) adenocarcinoma-to liver Liver — Interval between onset and death
DUE TO OR AS A CONSEQUENCE OF
(c) Prostate — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) — 24. AUTOPSY (Specify Yes or No): No

5 Body Released
6 Cert Mailed
7 Cert Rec'd
8 #3-3-196-9
9 Rod A Ivy
10
11
12

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

SBH 06-003 State Form 35430
REV.10/77

CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

RECEIVED FOR RECORD MAR 19 1984 AT 9:00 A.M. RUDOLPH LAY RECORDER

4 400