

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

Below for State Office

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DEC 25 1986  
FEB 19 1986

892055

Local No. 379-86

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

42922  
LAWYERS TITLE INS CORP.  
7805 BROADWAY  
MERRILLVILLE, IN 46410  
State No. 46

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

EMERALD PROME  
FUNERAL HOME  
28  
No. 1986  
FUNERAL DIRECTOR'S SIGNATURE  
Richard H. Emel  
LICENSE No. 1986  
FUND. LIC. No. 405  
LAKE COUNTY HEALTH COMMISSION

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 GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
(STATE THE  
UNDERLYING  
CAUSE LAST)

CAUSE

DECEASED - NAME FIRST MIDDLE LAST HELEN TUCKER			SEX Female	DATE OF DEATH (MONTH DAY YEAR) February 22, 1986	
RACE - (to g. White, Black, American Indian, etc.) White	AGE - Last Birthday (Yrs.) 61	UNDER 1 YEAR MOS. DAYS HOURS MINS. 5b	UNDER 1 DAY HOURS MINS. 5c	DATE OF BIRTH (Mo. Day Year) 6-3-1924	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION (Name, Address or Care Unit, Street and Number) Community Hospital		IF HOSP OR INST. Indicate DOA OP (Enter Rm. Inpatient) (Specify) Inpatient	
STATE OF BIRTH (If not in U.S. name country) Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife give maiden name) Wayne A. Tucker		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
SOCIAL SECURITY NUMBER 313-20-8551		USUAL OCCUPATION (Give kind of work done during most of working life. Specify) Hostess		KIND OF BUSINESS OR INDUSTRY Teibel's Restaurant	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Merrillville			
STREET AND NUMBER 2445 Woodlane Drive			IS RESIDENCE ON A FARM? 15a 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 Dan Pete		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Lena			
INFORMANT - NAME (Type as printed) RELATIONSHIP Wayne A. Tucker - Husband		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 2445 Woodlane Dr., Merrillville, Ind. 46410			
BURIAL - CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY - FUNERAL HOME Oakland Memory Lanes		LOCATION (CITY OR TOWN STATE) Dolton, Illinois	
DATE (MONTH DAY YEAR) February 24, 1986		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) C.J. Huber Funeral Home, 722-165th St., Hammond, Ind. 46324			
To the best of my knowledge, death occurred at the time, date and place and due to the cause stated 21a (Signature) <i>Robert S. Smoltz</i>		DATE SIGNED (Mo. Day Year) February 24, 1986	HOUR OF DEATH 9:27 A. M		
NAME OF ATTENDING PHYSICIAN (Type as Printed) 21d Robert S. Smoltz M.D.					
MAILING ADDRESS - PHYSICIAN 21e 110 Ridge Road Munster, Indiana 46321					
HEALTH OFFICER - SIGNATURE <i>Charles Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 2-25-86		
22 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) Interval between onset and death					
PART I (a) CAROTID ARREST					
DUE TO OR AS A CONSEQUENCE OF					
(b) HEPATIC FAILURE					
DUE TO OR AS A CONSEQUENCE OF					
(c) CIRRHOSIS OF LIVER					
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not retained by cause given in PART I) 24 ACUTE RENAL FAILURE					
AUTOPSY (Specify Yes or No) 24 No					