

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

892108
Local No. 3088-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Rees Funeral Home
600 W Ridge Rd
State Hobart 46342
No. 1192

Below for State Office Use

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EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE
LICENSE No. 1919
LICENSE No. 1919
FUNDING AGENCY
FUNDING AGENCY

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

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

CAUSE

DECEASED—NAME 1. WILLIAM S. MARTIN			SEX MALE	DATE OF DEATH (MONTH DAY YEAR) NOVEMBER 23, 1986
RACE—(to g. White, Black, American Indian etc.) 4. WHITE	AGE—Last Birthday (Yrs) 5a. 78	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo. Day Yr.) 6. 01-05-1908
CITY, TOWN OR LOCATION OF DEATH 7. MERRILLVILLE		HOSPITAL OR OTHER INSTITUTION—Name if not in other give street and number 7c. METHODIST HOSPITAL-SOUTHLAKE		IF HOSP OR INST (Specify DDA OP (Enter Rm. Imparted) (Specify) 7d. DAA
STATE OF BIRTH (If not in U.S.A. name country) 8. ILLINOIS	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife give maiden name) 11. AUDREY M. HENNINGS	
SOCIAL SECURITY NUMBER 13. 708-01-5289		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14. ELECTRICIAN		KIND OF BUSINESS OR INDUSTRY 14b. E.J. & E. RAILROAD
RESIDENCE—STATE 15. INDIANA	COUNTY 16. LAKE	CITY, TOWN OR LOCATION 15c. HOBART		
STREET AND NUMBER 15d. 600 S. LAKE SHORE DRIVE			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS—(Specify City or Town) 15f. YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. WILLIAM S. MARTIN, (DEC.)		MOTHER—MAIDEN NAME 17. MARIA MARTIN, (DEC.)		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. AUDREY M. MARTIN WIFE		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN 18b. 600 S. LAKE SHORE DR., HOBART, IN 46342		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. ENTOMBMENT		CEMETERY OR CREMATORY—FUNERAL HOME 19b. GRACELAND CEMETERY		LOCATION CITY OR TOWN STATE 19c. VALPARAISO IN
DATE (MONTH DAY YEAR) 20a. NOVEMBER 26, 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 46342-0488		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) <i>John T. Scully, M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 25 Nov 86	HOUR OF DEATH 21c. 2:15 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. JOHN SCULLY, M.D.				
MAILING ADDRESS—PHYSICIAN 21e. 8895 BROADWAY MERRILLVILLE, IN 46410				
HEALTH OFFICER—SIGNATURE <i>Carl Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 11/25/86	
22. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Congestive heart Failure DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart disease - class IV DUE TO OR AS A CONSEQUENCE OF (c) PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				
			Interval between onset and death 1 year	Interval between onset and death
			Interval between onset and death	Interval between onset and death
			AUTOPSY (Specify Yes or No) 24. NO	

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