

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

Below for State Office Use  
KEY 35-111-21  
MORRIS PARK ADD  
LOT 23 BL 4

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

JUL 29 1986  
Franklin J. Remuda M.D.  
HAMMOND HEALTH COMMISSIONER

LICENSE No. 1350

EMBALMER'S NAME  
John C. Ault

FUNERAL DIRECTOR'S  
SIGNATURE  
John C. Ault

893620

→ Larry & Deborah Lisa Hammond, Jr. 7/20/86

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 514

FUNERAL HOME  
280

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

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  
STATING THE  
INTERVING  
IF ANY

CAUSE

1 DECEASED - NAME FIRST MIDDLE LAST Claude J. Lancaster		SEX Male	DATE OF DEATH (MONTH DAY YEAR) July 28, 1986
4 RACE White	5a AGE - Last Birthday 69	5b UNDER 1 YEAR MOS DAYS	5c UNDER 1 DAY HOURS MINS
6 DATE OF BIRTH (Mo Day Yr) 1/20/1917		7a COUNTY OF DEATH Lake	
7b CITY, TOWN OR LOCATION OF DEATH Hammond		7c HOSPITAL OR OTHER INSTITUTION 1245 Indiana Street	
8 STATE OF BIRTH Kentucky		9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED married
11 SURVIVING SPOUSE Freda Hannahs		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? yes	
13 SOCIAL SECURITY NUMBER 300-01-1921		14a USUAL OCCUPATION Motor Inspector	
15a RESIDENCE - STATE Wisconsin		15b COUNTY Eagle River	14b KIND OF BUSINESS OR INDUSTRY Inland Steel
15c STREET AND NUMBER 2635 Nine Mile Road		15d IS RESIDENCE ON A FARM? NO	
15e IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC NO			
16 FATHER - NAME Herbert Lancaster		17 MOTHER - MAIDEN NAME Lilly Kaizer	
18a INFORMANT - NAME (Type or print) Mrs. Freda Lancaster (Wife)		18b MAILING ADDRESS 2635 Nine Mile Road Eagle River, Wisconsin 54521	
19a BURIAL CREMATION REMOVAL, OTHER Burial		19b CEMETERY OR CREMATORY - FUNERAL HOME Memory Lane Memorial Park	
20a DATE July 31, 1986		19c LOCATION Schererville, Indiana	
20b FUNERAL HOME - NAME AND ADDRESS Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.		20c DATE SIGNED (Mo Day Yr) 7-29-86	
21a NAME OF ATTENDING PHYSICIAN Mark F. Kozloff, M.D.		21c HOUR OF DEATH 2:07 p.m.	
21b MAILING ADDRESS - PHYSICIAN 71-W. 156th Street Harvey, Illinois		21d HEALTH OFFICER - SIGNATURE Franklin J. Remuda M.D.	
22a IMMEDIATE CAUSE Metastatic lung carcinoma		22b DATE RECEIVED BY LOCAL HEALTH OFFICER JUL 29 1986	
23 PART I (a) DUE TO OR AS A CONSEQUENCE OF		24 INTERVAL BETWEEN ONSET AND DEATH months	
23 PART I (b) DUE TO OR AS A CONSEQUENCE OF		24 INTERVAL BETWEEN ONSET AND DEATH	
23 PART II OTHER SIGNIFICANT CONDITIONS		24 INTERVAL BETWEEN ONSET AND DEATH	

1656

FILED  
DEC 29 1986

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