

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

Below for State Office Use

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*Country Club 2nd Addg - Key A  
all 2/14 Pl. 2 ex. S. 10  
Key # 15-226-11*

FEB 1 1987  
JAN 29 1987

EMBALMER'S NAME Keith A. Dillon

FUNERAL DIRECTOR'S SIGNATURE *John J. [Signature]*  
FUNERAL HOME DIRECTOR'S SIGNATURE *John J. [Signature]*  
FEDERAL HOME DIRECTOR'S SIGNATURE *John J. [Signature]*

LICENSE No. FDE1012056  
LAKESIDE HEALTH COMMISSIONER

902536  
Local No. 16787

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_  
Date No. \_\_\_\_\_

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 UNDERLYING CAUSE LAST  
CAUSE

DECEASED - NAME 1 ROBERT L. PINE				SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 January 26, 1987
RACE - (See 15 Spec'd) 4 White	AGE - (Last 8 places) 5a 57	UNDER 1 YEAR 5b MOSE DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo. Day Yr.) 6 Nov. 18, 1929	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION (Name if not on other spec street and number) 7c Methodist Hospital Southlake Campus		IF HOSP OR INST (Specify DOA OR Enter Rm. Institution) (Specify) 7d Inpatient	
STATE OF BIRTH (If not in U.S.A. Specify 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 Theresa Eich		WAS DEFICIENT EVER IN U.S. ARMED FORCES? (Specify Yr or Mth) 12 Yes
SOCIAL SECURITY NUMBER 13 335 - 22 - 7667		USUAL OCCUPATION (If no kind of work done during most of working life, specify) 14a Retired Checker	KIND OF BUSINESS OR INDUSTRY 14b Gary Sheet & Tin		
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville			
STREET AND NUMBER 15d 1920 W. 61st Avenue		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF IN CITY (Specify City, State, Zip) 15f		
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 FIRST MIDDLE LAST 16 Lester Pine		MOTHER - MAIDEN NAME FIRST MIDDLE 17 Helen			
INFORMANT - NAME (Type or print) RELATIONSHIP 18a Theresa Pine - Wife		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b 1920 W. 61st Avenue, Merrillville, Indiana 46410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19 Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19a Calumet Park Cemetery		LOCATION CITY OR TOWN STATE 19c Merrillville, Indiana 46410	
DATE (MONTH DAY YEAR) 20a January 30, 1987		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, In.			
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature) <i>Nazzal Obaid</i>		DATE SIGNED (Mo., Day Yr.) 21b 1-28-87	HOUR OF DEATH 21c 8:32 P.M.		
NAME OF ATTENDING PHYSICIAN (Type or print) 21d Nazzal Obaid, M.D.					
MAILING ADDRESS - PHYSICIAN 21e 8895 Broadway, Merrillville, Indiana 46410					
HEALTH OFFICER - SIGNATURE <i>Keith A. Dillon</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-29-87	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c)) PART 1 (a) <i>Carcinoma of the Lung</i>					
PART 2 (b) DUE TO, OR AS A CONSEQUENCE OF					
PART 3 (c) DUE TO, OR AS A CONSEQUENCE OF					
PART 4 (d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1(a)					
24 AUTOPSY (Specify Yes or No) No					

SB 106-0-0 State Form 35430  
REV 10/77

RICHARD J. BLASTICK  
 RECORDER, LAKE COUNTY  
 GROWN POINT, INDIANA 46309  
 FEB 19 11 16 AM '87

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