

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

Below for State Office Use

904091

Local No. 80-0320

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

FUNERAL HOME  
No. 241

LICENSE No. 871

FUNERAL DIRECTOR'S  
LICENSE No. 1261

EMERALD'S NAME Charles Talbert

FUNERAL DIRECTOR'S  
SIGNATURE *Donald J. Moarch*

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

1. DECEASED—NAME FIRST MIDDLE LAST Thomas Elston Jr.		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) April 18, 1980
4. RACE White	5a. AGE—Last Birthday 56	5b. UNDER 1 YEAR MOS. DAYS HOURS MINS	6. DATE OF BIRTH (MO., DAY, YEAR) July 22, 1923
7a. CITY, TOWN OR LOCATION OF DEATH Gary	7b. HOSPITAL OR OTHER INSTITUTION—Name if not in place Mercy Medical Center Gary		7c. COUNTY OF DEATH Lake
8. STATE OF BIRTH Illinois	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	11. SURVIVING SPOUSE Marjorie Hackney
12. SOCIAL SECURITY NUMBER 341-16-9018	13a. USUAL OCCUPATION Carpenter	13b. KIND OF BUSINESS OR INDUSTRY United States Steel Corp.	
14a. RESIDENCE—STATE Indiana	14b. COUNTY Lake	14c. CITY, TOWN OR LOCATION Gary	
15a. STREET AND NUMBER 2817 Beverly Drive		15b. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15c. INSIDE CITY LIMITS (SPECIFY YES OR NO) FEB 27 11 44 AM '87
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17. FATHER—NAME FIRST MIDDLE LAST Thomas Elston Sr.		18. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Norma Harris	
19a. INFORMANT—NAME (Type or print) Steve Elston - Son		19b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 2817 Beverly Drive Gary, Ind. 46408	
20a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		20b. CEMETERY OR CREMATORY—FUNERAL HOME Fairfield Cemetery	20c. LOCATION CITY OR TOWN STATE Newman, Illinois
21a. DATE (MONTH, DAY, YEAR) April 21, 1980		21b. FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP Geison Funeral Home Inc. 3805 Adams St. Gary, Ind. 46407	
22. To the best of my knowledge, death occurred of the below state and due to the cause(s) stated 22a. SIGNATURE <i>R.A. Hovanessian</i>		22b. DATE SIGNED (Mo., Day, Yr.) 4-21-80	22c. HOUR OF DEATH 3:00 A.M.
23. NAME OF ATTENDING PHYSICIAN (Type or Print) R.A. Hovanessian, M.D.			
24. MAILING ADDRESS—PHYSICIAN 7863 Broadway Merrillville, Indiana 46410			
25. HEALTH OFFICER'S SIGNATURE <i>S. A. Caldwell, M.D.</i>		25. DATE RECEIVED BY LOCAL HEALTH OFFICER APR 22 1980	
26. IMMEDIATE CAUSE (ENTER ONLY ON LINE TOP OF II AND I) SEVERE Cerebrovascular		26. HONORARY LAKE COUNTY	
PART I (a) DUE TO OR AS A CONSEQUENCE OF Cerebrovascular		27. Interval between onset and death	
PART I (b) DUE TO OR AS A CONSEQUENCE OF Cerebrovascular		27. Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not referred to cause given in PART I (a)		28. AUTOPSY (Specify Yes or No) No	

FILED

FEB 22 1987

RICHARD J. BEASTICK  
 RECORDER, LAKE COUNTY  
 CROWN POINT, INDIANA 46307  
 YES  
 FEB 27 11 44 AM '87

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Disposition Permit  
Issued  
Provisional  
Certificate  
 Yes  No