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PLAINLY, WITH
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THIS IS A
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RECORD

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

Alex N. Cantore
1071 AUDITOR LAKE COUNTY

LICENSE No. 10018500

EMBALMER'S NAME GORDON L. JONES

FUNERAL DIRECTOR'S SIGNATURE *Paul Johnson*
FUNERAL DIRECTOR'S LICENSE No. 238

905330

Local No. 879-86

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
LIC. COUNTY HEALTH COMMISSIONER
DISPOSITION

M.D.
OR
D.O.

CONDITIONS IN ANY WHICH DEATH MAY BE IMMEDIATE CAUSE STARTING THE UNDERLINE CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

43403 LAWYERS TITLE INS. CORP.
7895 SPON...
MERRILLVILLE, IN 46410
State No. 25

DECEASED NAME 1 ARCHIE D. BONE				SEX 2 MALE	DATE OF DEATH MONTH DAY YEAR 3 APRIL 17, 1986
RACE 4 WHITE	AGE Last Birthday 5a 85	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH MONTH DAY YEAR 6 3-25-1901	COUNTY OF DEATH 7a LAKE
CITY TOWN OR LOCATION OF DEATH 7b HOBART			HOSPITAL OR OTHER INSTITUTION 7c ST. MARY MEDICAL CENTER		IF HOSP OR INST UNDER PRO DCA OP (Specify) (Specify) 7d INF.
STATE OF BIRTH 8 W. VIRGINIA	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED 10 WIDOWED	SURVIVING SPOUSE (Name and address) 11 NONE		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or No.) 12 NO
SOCIAL SECURITY NUMBER 13 312-05-6860		USUAL OCCUPATION (Give kind of work done during most of lifetime) 14a STEELWORKER		KIND OF BUSINESS OR INDUSTRY 14b U.S. STEEL SHEET & TIN DIV.	
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY TOWN OR LOCATION 15c HOBART		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15a 1025 GARFIELD STREET			IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify) 15f YES
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 16 WILLIAM HUGH BONE SR.			MOTHER MAIDEN NAME 17 ANNIE CAMPBELL GARRISON		
INCHMANT NAME (Name of child) 18a MARTHA CARNAHAN (DAUGHTER)		RELATIONSHIP 18b	MAILING ADDRESS (Street or R.F.D. No.) 19b 311 N. LINDA ST., HOBART, INDIANA		STATE 19c INDIANA
BURIAL CREMATION REMOVAL OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY FUNERAL HOME 19b CHAPEL LAWN CEMETERY		LOCATION (City or town) 19c SCHERERVILLE	
DATE (Month Day Year) 20a APRIL 19, 1986		FUNERAL HOME NAME AND ADDRESS (Street or R.F.D. No. City or town State ZIP) 20b BURNS FUNERAL HOME, 701 E. 7th ST., HOBART IN.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 4-18-86	
To the best of my knowledge death occurred at the time, date, place and due to the reasons stated 21a Signature <i>A.J. Krsek M.D.</i>			DATE SIGNED (Month Day Year) 21b April 18, 1986	HOUR OF DEATH 21c 2:24 PM '86	
NAME OF ATTENDING PHYSICIAN (Name of Pract.) 21d DR. A.J. KRSEK			MAILING ADDRESS PHYSICIAN 21e 10 N. MICHIGAN AVE., HOBART, INDIANA 46342		
HEALTH OFFICER (Name) 22a <i>Paul Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 4-18-86		
PART I (a) Cerebrovascular Accident					Interval between onset and death 2 hrs.
PART I (b) GENERAL ARTERIOSCLEROSIS					Interval between onset and death years.
PART II OTHER (Specify any conditions contributing to death but not related to cause given in PART I)					AUTOPSY (Specify) 24 NO