

915228

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TRUE COPY OF RECORD OF  
REGISTRATION ON FILE AT  
LA PORTE COUNTY HEALTH  
DEPARTMENT.

Local No. mc 495

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

DEPARTMENT.

193

FUNERAL HOME  
No. 770FUNERAL DIRECTOR'S  
LICENSE No. 270FUNERAL DIRECTOR'S  
SIGNATURE *James L. ...*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)			
		1 <b>John</b>		<b>John</b>		<b>Hannon</b>	<b>Male</b>	<b>12/27/86</b>			
		RACE—(e.g. White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Year)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Year)	COUNTY OF DEATH		
		<b>Black</b>	<b>73</b>	MOS	DATE	HOURS	MIN	<b>10-13-1913</b>	<b>LaPorte</b>		
		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name, street or other location and number)				IF HOSP OR INST. (Specify)			
		<b>Michigan City</b>		<b>ST. ANTHONY'S HOSPITAL</b>				<b>INP.</b>			
DECEASED		STATE OF BIRTH (If not in U.S.A. (Specify))	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		
		<b>LOUISIANA</b>	<b>U.S.A.</b>		<b>10 MARRIED</b>		<b>11 OLIVE BURKETTE</b>		<b>12 YES</b>		
		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY			
		<b>13 430-09-1534</b>		<b>14a RETIRED (CAR MAN REPAIRER)</b>				<b>14b C&amp;E. L. RAILROAD</b>			
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)			
		<b>15a Indiana</b>	<b>15b Lake</b>	<b>15c Gary</b>		<b>15d YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		<b>15e YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
		STREET AND NUMBER		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
		<b>15d 3786 West 21st Avenue</b>		<b>15g YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>							
PARENTS		FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
		<b>16 JOHN B. HANNON SR.</b>					<b>17 REED LUCILLE</b>				
DISPOSITION		INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN		STATE	ZIP
		<b>18a OLIVE HANNON</b>		<b>WIFE</b>		<b>18b 3786 WEST 21ST AVENUE</b>		<b>GARY, INDIANA</b>		<b>46407</b>	
		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN		STATE	ZIP
		<b>19a BURIAL</b>		<b>19b WOODLAWN CEMETERY</b>		<b>BENTON, ARKANSAS</b>		<b>20a 1-1-87</b>			
		DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP					
				<b>20c GUY &amp; ALLEN FUNERAL DIRECTORS, INC.</b>		<b>2959 W. LITU AVE. GARY, IN 46402</b>					
		To the best of my knowledge, death occurred at the time and place and due to the cause stated		DATE SIGNED (Mo. Day Year)		HOUR OF DEATH					
		<b>21a</b> <i>[Signature]</i>		<b>21b 12/28/86</b>		<b>21c 6:30 P.M.</b>					
		NAME OF ATTENDING PHYSICIAN (Type or Print)									
		<b>21d T.G. BATTLE M.D.</b>									
		MAILING ADDRESS—PHYSICIAN									
		<b>21e 1715 BUFFALO ST. MICHIGAN CITY IN</b>									
		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER							
		<b>22a</b> <i>[Signature]</i>		<b>22b 12-31-86</b>							
CONDITIONS IN ANY WHICH GAVE RISE TO INSTANT CAUSE OF DEATH, STATING THE UNDERLYING CAUSE LAST		IMMEDIATE CAUSE (If more than one cause, give the one which is the proximate cause)		INTERVAL BETWEEN ONSET AND DEATH							
		<b>23a</b> <i>[Handwritten]</i>		<b>1 1/2 hrs</b>							
		<b>23b</b> <i>[Handwritten]</i>		<b>1 1/2 hrs</b>							
		<b>23c</b> <i>[Handwritten]</i>		<b>4:00</b>							
CAUSE		OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not stated to cause given in Part I)		AUTOPSY (Specify Yes or No)							
		<b>24</b> <i>[Handwritten]</i>		<b>24 NO</b>							

SBH 06-003 State Form 35430  
REV. 10/77

(REFUSED)

Auditor Lake County

Dennis N. Cantor

Key # 46-7-24135-26

J.L. Maxwell and wife  
J.L. & W. 27  
Bl. 3

400

ISSUED  
FEB 13 1987