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

Below for State Office Use

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Local No. 46883

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

1024 W. 109th Ave
Lot 40

State No. 312

TYPE OR PRINT IN PERMANENT INK. SEE INSTRUCTIONS IN HANDBOOK

DECEASED

1. DECEASED—NAME (First, Middle, Last)	Bernard E. Pine	2 SEX	Male
3 DATE OF DEATH (Month, Day, Year)	March 23, 1983		
4 RACE (e.g. White, Black, American Indian, etc.) (Specify)	White	5a AGE—Last Birthday (Yrs.)	62
5b UNDER 1 YEAR: MOS / DAYS		5c UNDER 1 DAY: HOURS / MINS	
6 DATE OF BIRTH (Mo. Day Yr.)	June 12, 1920	7a COUNTY OF DEATH	Lake
7b CITY, TOWN OR LOCATION OF DEATH	Crown Point	7c HOSPITAL OR OTHER INSTITUTION—Name (If not in either give street and number)	St. Anthony Medical Center
7d IF HOSP. OR INST. Indicate DOA, OP (Emer. Rm.), Inpatient (Specify)	Inpatient		
8 STATE OF BIRTH (If not in U.S.A. name country)	Illinois	9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married	11 SURVIVING SPOUSE (If wife give maiden name)	Hazel Woodall
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No		
13 SOCIAL SECURITY NUMBER	326-18-3090 A	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Welder
14b KIND OF BUSINESS OR INDUSTRY	American Bridge		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a RESIDENCE—STATE	Indiana	15b COUNTY	Lake
15c CITY, TOWN OR LOCATION	Crown Point		
15d STREET AND NUMBER	128 N. Union Street	15e IS RESIDENCE ON A FARM?	YES ☐ NO ☒
15f INSIDE CITY LIMITS (Specify Yes or No)	Yes		
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	YES ☐ NO ☒		

PARENTS

16 FATHER—NAME (First, Middle, Last)	Roy Pine	17 MOTHER—MAIDEN NAME (First, Middle, Last)	Emma Wesnitzer
18a INFORMANT—NAME (Type or print)	Hazel Pine	RELATIONSHIP	Wife
18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	128 N. Union Street Crown Point, Indiana 46307		

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial	19b CEMETERY OR CREMATORY—FUNERAL HOME	Maplewood Memorial Park
19c LOCATION (City or Town, State)	Crown Point, Indiana		
20a DATE (Month, Day, Year)	3-26-83	20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	Geisen Funeral Home, Inc., 109 N.East St., Crown Point, IN

M.D. OR D.O.

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated

21a (Signature)	Manuel B. Gabato M.D.	21b DATE SIGNED (Mo. Day Yr.)	3-23-83
21c HOUR OF DEATH	1:40 A.M.		
21d NAME OF ATTENDING PHYSICIAN (Type or Print)	Manuel B. Gabato M.D.		
21e MAILING ADDRESS PHYSICIAN	12110 Grant Street, Crown Point, IN 46307		
22a HEALTH OFFICER—SIGNATURE		22b DATE RECEIVED BY LOCAL HEALTH OFFICER	3-23-83

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))

PART I

(a) Respiratory Failure — Interval between onset and death: weeks

DUE TO OR AS A CONSEQUENCE OF

(b) Pulmonary Metastasis (Sympharngietic Sprcad) — Interval between onset and death: months

DUE TO OR AS A CONSEQUENCE OF

(c) Carcinoma of the Pancreas — Interval between onset and death: 6-8 months

PART II

OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)

Marked Confusion. Probable Cerebral Metastasis

AUTOPSY (Specify Yes or No): 24 No

EMBALMER'S NAME Marty D. Andersen

FUNERAL DIRECTOR'S SIGNATURE Marty D. Andersen

FUNERAL HOME 125

LICENSE No. 520

FUNERAL DIRECTOR 398

LICENSE No.

LAKE COUNTY HEALTH COMMISSIONER

MAR 23 1983

THIS CERTIFIED TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH IN FILE WITH THE LAKE COUNTY HEALTH DEPT.

FILED

MAR 7 1 57 PM '87

RECORDER

Young and Ht 32

#9-96-2

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