

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

806-76

State No.

*John B. Dunning*  
*757 Phoenicia Dr*  
*Accessed*

918799  
6-76

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. Robert D. Burris 2. Male 3. 7/24/76

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH  
4. White 5a. 84 5b. 5c. 6. 6/19/92 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
7b. Merrillville 7c. Yes 7d. Broadway Methodist Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) WIDOWED  DIVORCED   
9. USA 10. 11. Cora McCabe

USUAL RESIDENCE WHERE DECEASED LIVED (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY  
12. 307-01-2640A 13a. Millrite Retired 13b. Youngstown Sheet & Tube

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP  
14a. Indiana 14b. Lake 14c. Merrillville 14d. Yes 14e. Ross

STREET AND NUMBER 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?  
14f. 7925 Independence St. Yes WW I 14h. YES  NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
15. Cyrus Burris 16. Phebe Miller

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
17a. Mrs. Cora Burris 17b. Wife 17c. 7925 Independence St., Merrillville, IN 46410

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE  
(a) Pneumonia 1 Week  
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST  
(b) Stroke (Rt. middle Cerebral Thrombosis) 3 Weeks  
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) AUTOPSY YES  NO  IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. 19b. YES  NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR  
20. 7/ 24/ 76 3:00 P.M. 21a. July 26, 1976

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.  
22a. T. G. Goodwin, M. D. 22b. T. G. Goodwin, M. D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP  
23. 6111 Harrison Merrillville, IN 46410

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE  
24a. Burial 24b. Calumet Park Cemetery 24c. Merrillville, IN

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
24d. 7/27/76 25a. Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, IN 46410

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER  
25b. 26a. Peter Stecy, M. D. 26b. 7/27/76

SBH106-003

FUNERAL HOME  
FUNERAL DIRECTOR'S LICENSE No. 367

Signature: Norbert J. Geisen

Key # 15-20-8-8-9  
Independence  
7-28-76

RECORDED  
MAY 22 1987

MAY 22 1987

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