

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

928201

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Elmer Bland
7304 Woodmar Ave.
State 46328
No. 3880

Local No. 254-86

Below for State Office Use

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ABOVE IS A TRUE AND
COMPLETE COPY OF THE
CERTIFICATE OF DEATH
TO BE FILED WITH THE
LAKE COUNTY HEALTH
DEPARTMENT

FILLED

John Dalton
DEATH OR FILE WITH THE LAKE COUNTY
LICENSE No. 1139

EMBALMER'S NAME

FUNERAL HOME
No. 282
FUNERAL DIRECTOR'S
No. 1751
JUL 10 1987
FUNERAL DIRECTOR'S
SIGNATURE
John Dalton

TYPE OR PRINT
PERMANENT
RECORD
INSTRUCTIONS
FOR HANDBOOK
DECEASED
USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

DISPOSITION
LAKE COUNTY HEALTH COMMISSIONER
Signature: Paul Johnson

M.D.
OR
D.O.

CONDITIONS
IN ANY
WHICH HAVE
RISE TO
IMMEDIATE
CAUSE
BEATING THE
UNDERLYING
CAUSE LAST
CAUSE

DECEASED - NAME 1 SARA BLAND		SEX FEMALE		DATE OF DEATH (MONTH DAY YEAR) FEBRUARY 1, 1986	
RACE - (e.g. White, Black, American Indian, etc.) 4	AGE - Last Birthday (Yrs.) 39	UNDER 1 YEAR 5a MONTHS	UNDER 1 DAY 5b HOURS 5c MINUTES	DATE OF BIRTH (Mo. Day Yr.) JULY 25, 1946	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH 7a MUNSTER		HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number) 7c THE COMMUNITY HOSPITAL		IF HOSP OR INST. Indicate ICD-9-CM code for hospital (Specify) 7d INPATIENT	
STATE OF BIRTH (If not in U.S.A. give country) 8a Tenn.	CITIZEN OF WHAT COUNTRY 9 U.S.	MARRIED, NEVER MARRIED, WIDOWED 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Russel Bland		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 312-50-3723		USUAL OCCUPATION (Give kind of work done during most of working life, from 2 jobs) 14a Key Punch Operator		KIND OF BUSINESS OR INDUSTRY 14b Inland Steel Co	
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c MUNSTER		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 9506 Primrose		INSIDE CITY LIMITS (Specify Yes or No) 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME FIRST MIDDLE LAST 16 Ivan Lewis			MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Judy Williams		
INFORMANT - NAME (Type or print) RELATIONSHIP 18a Judy Lewis (Mother)		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b 1048 McArthur Munster Indiana 46322			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Elmwood Cemetery		LOCATION CITY OR TOWN STATE ZIP 19c Hammond Ind.	
DATE (MONTH DAY YEAR) 20a 2/5/86		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) 20b Dalton & Son 6955 Southeastern Hammond Ind. 46321			
To the best of my knowledge and belief, I signed this certificate and due to the causes stated 21a (Signature) <i>D. S. Forte</i>		DATE SIGNED (Mo. Day Yr.) 21b		HOUR OF DEATH 21c 9:40 A.M. P. M.	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d DEANNA PORTE, M.D.					
MAILING ADDRESS - PHYSICIAN 21e 7330 INDIANAPOLIS BLVD. HAMMOND, IN. 46324					
HEALTH OFFICER - SIGNATURE 22a <i>Paul Johnson</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-5-86	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (IN 4011)) PART I (a) Cardiopulmonary arrest Interval between onset and death					
(b) Myocardial infarction Interval between onset and death					
(c) Arteriosclerotic heart disease, hypoxemia Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) " Juvenile diabetes mellitus, anemia, pulmonary emboli					AUTOPSY (Specify Yes or No)

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RECORDED

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