

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

Follow for State Office Use

929234

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Ervin C. Carstensen
1000 E. 80th Pl. Ste 300-5
Merr 4640
State No.

Local No. 798-87

2201

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

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

FUNERAL HOME: Funeral Home
LICENSE No. FDEI1041740
FUNERAL DIRECTOR'S SIGNATURE: Keith A. Dillion
APR 2 1987
LICENSE No. FDEI072056

DECEASED—NAME 1 RAYMOND F. HUDSPETH		SEX Male	DATE OF DEATH (MONTH DAY YEAR) April 16, 1987
RACE—(1) White	AGE—Last Birthday 5a 71	UNDER 1 YEAR 5b UNDER 1 DAY 5c	DATE OF BIRTH (Mo Day Year) 5-12-1915
CITY, TOWN OR LOCATION OF DEATH 7b Hobart		HOSPITAL OR OTHER INSTITUTION—Name (if not in index give street and number) 7c St. Mary Medical Center	IF HOSP OR INST indicate DOA OR time in institution (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Kentucky	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Eleanor Marvin
SOCIAL SECURITY NUMBER 13 317-09-9500	USUAL OCCUPATION (If not kind of work done during most of working life, even if retired) 14a Retired Roller	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Gary Works	
RESIDENCE—STATE 18a Indiana	COUNTY 18b Lake	CITY, TOWN OR LOCATION 15c Merrillville	INSIDE CITY LIMITS, (Specify if not) 15d Yes
STREET AND NUMBER 15d 125 E. 71st Avenue		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS, (Specify if not) 15d 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 Thomas Hudspeth		MOTHER—MAIDEN NAME 17 Prudence Ann Miller	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Eleanor Hudspeth-Wife		MAILING ADDRESS 18b 125 E. 71st Avenue, Merrillville, Indiana 46410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Chapel Lawn Memorial Gardens	
DATE (MONTH DAY YEAR) 20a April 20, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, In. 46410	
To the best of my knowledge, death occurred at the time, date and place and due to (the cause(s) listed) 21a (Signature) <i>Robert Wylie</i>		DATE SIGNED (Mo Day Year) 21b 4/23/87	HOUR OF DEATH 21c 7:45 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Robert Wylie, M.D.			
MAILING ADDRESS—PHYSICIAN 21e 1400 S. Lake Park Avenue, Hobart, Indiana 46342			
HEALTH OFFICER—SIGNATURE 22a <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 4-23-87	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (1) Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF (2) Generalized adenocarcinoma - metastases DUE TO, OR AS A CONSEQUENCE OF (3) Anemia 2° G.I. bleeding.			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 No			

PA. WILLIAM T. 4016
 JUL 2 1987
 FILED
 2001 40
 15-28-38
 Keith A. Dillion
 APR 2 1987
 FUNERAL DIRECTOR'S SIGNATURE
 FUNERAL HOME

LILLIAN BLASTICK
 L.C. RECORDER

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