

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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FILED

22-21-7 OCT 16 1987

FDEI012056

Keith A. Dillon

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE
FDEI0208

FUNERAL DIRECTOR'S SIGNATURE

943849 6+3

Local No. 1867-87

TYPE OR PRINT
PERMANENT
INK FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - MONTH DAY YEAR	
1		Walter	I.	Talley	Male	October 1, 1987	
RACE - (See White, Black, American Indian or Alaskan)	AGE - Last Birthday	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH - MO. DAY YEAR	COUNTY OF DEATH
4 White	5a 60	5b	5c	6 March 30, 1927		Lake	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION		IF HOSP OR INST	
7b Hobart				7c St Mary Medical Center		7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEASED EVER IN U.S. ARMED FORCES?	
8 Tennessee	9 USA	10 Married		11 Daisy Stankevich		12 Yes	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
13 413-42-0621				14a Operator		14b Modulus Corporation	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION			
15a Indiana		15b Lake		15c Merrillville			
STREET AND NUMBER					IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS
15d 6913 Colorado Street					15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f No
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			MOTHER - MAIDEN NAME				
16 Charles Talley			17 Jewel Porter				
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS			
18a Daisy Talley - Wife				18b 6913 Colorado Street Merrillville, Indiana 46410			
DISPOSITION				CITY OR TOWN		STATE	
19a Burial				19b Chapel Lawn Mem. Gardens		19c Schererville, Indiana	
DATE (MONTH DAY YEAR)				FUNERAL HOME - NAME AND ADDRESS			
20a October 5, 1987				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) stated					DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH
21a <i>Donald Phillips M.D.</i>					21b 10/5/87		21c 8:55 P.
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d Donald Phillips, M.D.							
MAILING ADDRESS - PHYSICIAN							
21e 1356 S. Lake S. Lake Park Avenue, Hobart, Indiana 46342							
HEALTH OFFICER - SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER	
<i>Donald Phillips</i>						10-5-87	
22a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (I), (II) AND (III))							
22b <i>Paracetamol toxic right lung</i>							
PART I (a) DUE TO OR AS A CONSEQUENCE OF							
PART I (b) DUE TO OR AS A CONSEQUENCE OF							
PART I (c) DUE TO OR AS A CONSEQUENCE OF							
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)							
24 No							

2101

ILLIAN BLASTICK
STATE OF INDIANA
FEDERAL REGISTER

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