Pol B-436693 x pg 4013 First National Bank of EC
720 W. Chicago Ave, East Chgo, IN 46312

973285

Local No. 325

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 0536

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

FILED APR 18 1988 AUDITOR LAKE COUNTY

Below for State Office Use

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Lots 6 to 10, both inclusive, Blk. 6, Resub of Patt W1317.5 ft of the NE¼ Sec 29-37-9, East Chicago, Plat Book 5, page 2, Lake Co, In. (Key No. 30-22-6)

EMBALMER'S NAME Woodrow W. Donovan LICENSE No. 5313

FUNERAL DIRECTOR'S SIGNATURE James N. Horton FUNERAL DIRECTOR'S LICENSE No. 1857

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

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.

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1. DECEASED—NAME (First, Middle, Last): J. HAROLD FIFE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 21, 1983
4. RACE (e.g. White, Black, American Indian, etc.): White
5a. AGE—Last Birthday (Yrs.): 74
5b. UNDER 1 YEAR (Mos. / Days)
5c. UNDER 1 DAY (Hours / Mins.)
6. DATE OF BIRTH (Mo. Day Yr.): 12-11-1908
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: East Chicago
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): St. Catherine's Hospital
7d. IF HOSP. OR INST. Indicate DOA or Enter Rm. Inpatient (Specify): Inpatient
8. STATE OF BIRTH (If not in U.S.A. name country): E.C. Indiana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 306-01-9119
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director
14b. KIND OF BUSINESS OR INDUSTRY: Fife Funeral Home
15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: East Chicago
15d. STREET AND NUMBER: 4301 Baring Avenue
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 XX
16. FATHER—NAME (First, Middle, Last): J.H. Freeman Fife
17. MOTHER—MAIDEN NAME (First, Middle, Last): Edna Shipley
18a. INFORMANT—NAME (Type or print): James H. Fife, II (son)
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 4201 Indianapolis Bl. East Chicago, IN 46312
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Calvary Cemetery
19c. LOCATION (City or Town, State): Portage, Indiana
20a. DATE (Month, Day, Year): July 26, 1983
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): FIFE FUNERAL HOME:4201 Indpls. Bl. E. Chgo., IN 46312
21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature]
21b. DATE SIGNED (Mo., Day, Yr.): July 22, 1983
21c. HOUR OF DEATH: 10:55 p. M
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): Ronald R. Reed, M.D.
21e. MAILING ADDRESS—PHYSICIAN: 2450 - 169th Street Hammond, Indiana 46323
22a. HEALTH OFFICER—SIGNATURE: C. C. Campagna
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 7-22-83

PART I
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Multiple Trauma
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a).
Diabetes mellitus
24. AUTOPSY (Specify Yes or No): No

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

LILLIAN A. BLASICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307

APR 19 1988
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD