973339

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 435-87

State No.

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

Below for State Office Use: A, B, C, D, E, F, G, H, I, J, K, L, 1–12

DECEASED

Field	Entry
1. Deceased - Name (First, Middle, Last)	JOHN T. PARKINSON
2. Sex	MALE
3. Date of Death	MARCH 07, 1987
4. Race	WHITE
5a. Age	73
6. Date of Birth	01-16-1914
7a. County of Death	LAKE
7b. City, Town or Location of Death	CROWN POINT
7c. Hospital or Other Institution	ST. ANTHONY HOSPITAL
7d. If Hosp. or Inst.	INPATIENT
8. State of Birth	ILLINOIS
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	MARRIED
11. Surviving Spouse	MARY E. LAMB
12. Was Decedent Ever in U.S. Armed Forces?	NO
13. Social Security Number	324-07-9500
14a. Usual Occupation	MECHANIC
14b. Kind of Business or Industry	CHARLEY'S STANDARD SERVICE

USUAL RESIDENCE

Field	Entry
15a. Residence - State	INDIANA
15b. County	LAKE
15c. City, Town or Location	HOBART
15d. Street and Number	229 CLEVELAND
15e. Is Residence on a Farm?	NO XX
15f. Inside City Limits	NO
15g. Is Deceased of Spanish Descent?	NO XX

PARENTS

Field	Entry
16. Father - Name	JAMES S. PARKINSON (DEC.)
17. Mother - Maiden Name	BARBARA FOSCHINBAUR (DEC.)
18a. Informant - Name / Relationship	MARY E. PARKINSON, WIFE
18b. Mailing Address	229 CLEVELAND ST., HOBART, IN 46342

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Other	BURIAL
19b. Cemetery or Crematory	HOLY SEPULCHRE CEMETERY
19c. Location	WORTH
20a. Date	MARCH 10, 1987
20b. Funeral Home - Name and Address	Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-0488

M.D. OR D.O.

Field	Entry
21a. Signature	[signature]
21b. Date Signed	3-11-87
21c. Hour of Death	06:55 A.M.
21d. Name of Attending Physician	TRENT ORFANOS, M.D.
21e. Mailing Address	9001 BROADWAY, MERRILLVILLE, IN 46410
22a. Health Officer - Signature	[signature]
22b. Date Received by Local Health Officer	3-9-87

FILED APR 19 1988

AUDITOR LAKE COUNTY

CAUSE

23. Part I	Cause	Interval between onset and death
(a) Immediate cause	Respiratory failure	2 days
(b) Due to, or as a consequence of	Congestive Heart failure	Several yrs
(c) Due to, or as a consequence of	Severe mitral Regurgitation	Several yrs
Part II Other significant conditions		24. Autopsy: NO

FUNERAL HOME No. FDH3003069

EMBALMER'S NAME PETER N. HORIKIS LICENSE No. FDE 8600652

FUNERAL DIRECTOR'S SIGNATURE [signature] FUNERAL DIRECTOR'S LICENSE No. FDE1041083

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. MAR 0 9 1987

FILED IN THE RECORD ... STATE OF INDIANA LAKE COUNTY APR 19 1988 LILLIAN A. BLASTICK RECORDER LAKE COUNTY

Rees Funeral Home, 600 W. Ridge Rd

BRD ADD TO NEW CHICAGO LOTS 1 & 2, BLK 9, 3-1, BK 21, 30-1

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