

PLAINLY, WITH UNFADING INK
THIS IS A PERMANENT RECORD

987326

612-87

Key # 15-266-12
Meadowdale Sub 4, 12 BL.3

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

076

Below for State Office Use

A FILED

C JUL 18 1988

Keith A. Dillon
F AUDITOR LAKE COUNTY

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LICENSE No. 012056

Keith A. Dillon

EMBALMER'S NAME

FUNERAL HOME
No. FDH300762

FUNERAL DIRECTOR'S
LICENSE No. FDE1041740

FUNERAL DIRECTOR'S
SIGNATURE

Local No. 612-87

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 THE UNDERLYING CAUSE (LIST)

CAUSE

DECEASED - NAME 1 Cecil L. Dunbar			SEX Male	DATE OF DEATH (MONTH DAY YEAR) March 30, 1987	
RACE - (e.g. White, Black, American Indian, etc.) 4 White	AGE - Last Birthday (Year) 5a 68	UNDER 1 YEAR 5b DAYS	UNDER 1 DAY 5c HOURS MIN.	DATE OF BIRTH (Month Day Year) 6 4-5-1918	
CITY, TOWN OR LOCATION OF DEATH 7a Crown Point		HOSPITAL OR OTHER INSTITUTION (Name if one in other give street and number) 7c St. Anthony Nursing Home		IF HOSP OR INST. Indicate ICA, OP, ICA, etc. (Specify) 7d Inpatient	
STATE OF BIRTH (If not in U.S. Name Country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (Name if one in other give maiden name) 11 Josephine Razmus		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 17 Yes
SOCIAL SECURITY NUMBER 13 324-14-7200		USUAL OCCUPATION (Give kind of work done during most of working life. Give dates) 14a Retired Draftsman		KIND OF BUSINESS OR INDUSTRY 14b LTV Steel Corporation	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville		IS RESIDENCE ON A FARM? (Specify Yes or No) 15p YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 1721 W. 54th Avenue				INSIDE CITY LIMITS (Specify Yes or No) 15t 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 Joseph Dunbar			MOTHER - MAIDEN NAME 17 NA		
INFORMANT - NAME (Type or print) 18a Josephine Dunbar-Wife		RELATIONSHIP 18b Wife	MAILING ADDRESS (Street or R.F.D. No. City or Town State) 1721 W. 54th Avenue, Merrillville, Indiana 46410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn Memorial Gardens		LOCATION (City or Town State) 19c Schererville, Indiana	
DATE (Month Day Year) 20a April 2, 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, Indiana 46410			
To the best of my knowledge death occurred at the time, date and place given to the registrar stated. 21a (Signature) <i>John A. Mirro, Jr.</i>			DATE SIGNED (Month Day Year) 21b 3-31-87	HOUR OF DEATH 21c 10:15	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d John A. Mirro, Jr., M.D.			MAILING ADDRESS - PHYSICIAN 21e 8895 Broadway, Merrillville, Indiana 46410		
HEALTH OFFICER - SIGNATURE 22a <i>Paul J. ...</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-31-87		
PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))		PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (List)		INTERVAL BETWEEN ONSET AND DEATH	
(a) Pneumonia Metastases				2 months	
(b) Cancer of Rectum				18 months	
(c)					
PART II 24				AUTOPSY (Specify Yes or No) No	

JUL 18 1988
 CROWN POINT, INDIANA
 LILLIAN A. BLASZIK
 REORDER
 LAKE COUNTY
 INDIANA
 46607

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