

LAWYERS TITLE INS. CORP.
7895 BROADWAY
MADISONVILLE, IN 47050

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

990408

Local No. 2255-86

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 _____
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108
LICENSE No. Ronald A. Reed

FUNERAL HOME
No. 750

FUNERAL DIRECTOR'S
No. 94
LICENSE No.

EMBALMER'S NAME
FUNERAL DIRECTOR'S
SIGNATURE

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 STAYING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME Ernest E. Harris, Sr.		SEX Male	DATE OF DEATH (MONTH DAY YEAR) July 23, 1986
RACE - (eg. White, Black, American Indian or Hispanic)	AGE - Last Birthday 75	DATE OF BIRTH (Mo. Day, Yr.) Feb. 17, 1911	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Griffith		HOSPITAL OR OTHER INSTITUTION - (Name if not in other box street and number) 1441 Cline Avenue	
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) Married	SURVIVING SPOUSE (If wife give maiden name) Velda Faulkner
SOCIAL SECURITY NUMBER 312-10-7978	USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Electrician	KIND OF BUSINESS OR INDUSTRY Electric Co.	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Griffith	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 1441 Cline Avenue		INSIDE CITY LIMITS (Specify Yes or No) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME Ernest Harris		MOTHER - MAIDEN NAME Ida Macelroy	
INFORMANT - NAME (Type or Print) Velda Harris	RELATIONSHIP WIFE	MAILING ADDRESS 1441 Cline Avenue Griffith, Indiana	
DISPOSITION Burial	CEMETERY OR CREMATORY - FUNERAL HOME Chapel Lawn Cemetery	LOCATION Schererville, Indiana	
DATE (MONTH DAY YEAR) July 26, 1986	FUNERAL HOME - NAME AND ADDRESS Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
NAME OF ATTENDING PHYSICIAN (Type or Print) Daniel T. Ramker		DATE SIGNED (Mo. Day Yr.) JUL 29 1986	
MAILING ADDRESS - PHYSICIAN 6906 Osborn Avenue Hammond, Indiana 46323		D.T. RAMKER, M.D., INC. 6906 Osborn Avenue Hammond, Indiana 46323	
HEALTH OFFICER Paul Johnson		DATE RECEIVED BY HEALTH OFFICER 7/25/86	
IMMEDIATE CAUSE Pulmonary embolism		Interval between onset and death 2 days	
PART I (a) INJURY TO OR AS A CONSEQUENCE OF myocardial infarction		Interval between onset and death 5 days	
PART I (b) INJURY TO OR AS A CONSEQUENCE OF lympho sarcoma		Interval between onset and death 7 days	
PART II OTHER SIGNIFICANT CONDITIONS hemorrhage into lungs		AUTOPSY (Specify Yes or No) 1 day	

LILLIAN A. BLASTICK
REORDER, LAKE COUNTY
ROWEN POINT, INDIANA 46339

FILED