10 cc **996506**

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1514-88 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME: FIRST FRANCIS MIDDLE J. LAST ELLMAN
2 SEX: MALE
3 DATE OF DEATH (Mo. Day Yr.): JULY 17, 1988
4 SOCIAL SECURITY NUMBER: 312-05-0268
5a AGE—Last Birthday (Years): 75
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Month, Day, Year): APRIL 23, 1913
7 BIRTHPLACE (City and State or Foreign Country): GARY, INDIANA
8 YEAR LAST SERVED IN U.S. ARMED FORCES?: NO
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): METHODIST HOSPITAL SOUTHLAKE CAMPUS
9c CITY, TOWN, OR LOCATION OF DEATH: MERRILLVILLE
9d COUNTY OF DEATH: LAKE
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name): IRENE FASEL
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): ROLL TURNER
12b KIND OF BUSINESS/INDUSTRY: U. S. STEEL CORP.
13a RESIDENCE—STATE: INDIANA
13b COUNTY: LAKE
13c CITY, TOWN, OR LOCATION: GARY
13d STREET AND NUMBER: 828 KENTUCKY STREET
13e INSIDE CITY LIMITS? (Yes or no): YES
13f FARM: NO
13g ZIP CODE: 46402
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): [X] No [ ] Yes Specify
15 RACE—American Indian, Black, White, etc. (Specify): WHITE
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 YRS. College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): JOSEPH J. ELLMAN
18 MOTHER'S NAME (First, Middle, Maiden Surname): KATHRYN GERLACH

INFORMANT

19a INFORMANT'S NAME (Type/Print): IRENE ELLMAN
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 828 KENTUCKY ST. GARY, INDIANA 46402
19c Relationship: WIFE

DISPOSITION

20a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): CALUMET PARK CEMETERY JULY 20, 1988
20c LOCATION—City or Town, State: MERRILLVILLE, INDIANA
21a SIGNATURE OF FUNERAL DIRECTOR: Terrence P. Burns
21b LICENSE NUMBER (of Licensee): 1013890
22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: BURNS FUNERAL HOME FDHY 860018 10101 BROADWAY CROWN POINT, IN 46307

PRONOUNCING PHYSICIAN

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: Richard Buyer M.D.
23b LICENSE NUMBER: 25233
23c DATE SIGNED (Month, Day, Year):

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH: 3:01 P.M.
25 DATE PRONOUNCED DEAD (Month, Day, Year):
26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no):

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Renal Cell Carcinoma
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Approximate Interval Between Onset and Death

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

JUL 21 1988

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Cerebral Pulmonary, Osseous Metastasis
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER (SEE INSTRUCTIONS)

29a CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
[ ] PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
[ ] MEDICAL EXAMINER [ ] CORONER [ ] HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b SIGNATURE AND TITLE OF CERTIFIER: Richard Buyer M.D.
29c LICENSE NUMBER:
29d DATE SIGNED (Month, Day, Year): July 20, 1988
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): DR. BUYER, M.D. 8895 BROADWAY MERRILLVILLE, INDIANA 46410

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Paul A Johnson MD
32 DATE FILED (Month, Day, Year): JUL 21 '88

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
34a DATE OF INJURY (Month, Day, Year):
34b TIME OF INJURY:
34c INJURY AT WORK? (Yes or no):
34d DESCRIBE HOW INJURY OCCURRED:
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f LOCATION (Street and Number or Rural Route Number, City or Town, State):

900440

#44-22-26 Gary Land Co's 1st Add 22

FILED SEP 8 1988

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

SBH08-004 State Form 10110